Grey Bruce Public Health

Health Starts Here

Social Determinants of Health in Grey Bruce

2025

Land Acknowledgement

We acknowledge this territory as an important meeting place for many Indigenous Peoples spanning countless generations. We acknowledge the water, the forests, the open spaces, and the animals that roam here.

As part of our work to protect and promote health in this region, we are dedicated to learning from and engaging in meaningful dialogue and actions with our Indigenous neighbours. We acknowledge our pledge to better our relationships with the original stewards of this territory and all who call it home.

We recognize this land in the spirit of reconciliation - an intentional act that honours the history of Turtle Island and the original caretakers of this territory, now referred to as Grey and Bruce counties.

Acknowledgement

We would like to express our sincere thanks to Grey Bruce Public Health's Foundational Standards team for their work on the development of this report; and to our reviewers for their thoughtful feedback and support.

Suggested Citation

Grey Bruce Public Health. (2025). Health Starts Here: Social Determinants of Health in Grey Bruce. Owen Sound, Ontario: Grey Bruce Public Health.

Table of Contents

EXECUTIVE SUMMARY

This report is intended for Grey Bruce residents, municipal officials and decision makers, community partners, and Grey Bruce Public Health staff. The goal is to highlight and raise awareness about social determinants of health, the mechanisms by which they influence health and their impact on health outcomes.

We acknowledge the work and role of our community partners including, but not limited to, Indigenous communities, municipalities, school boards and schools, childcare, health services, community and social services, private businesses, and community members, including those with lived and living experiences, in trying to shift the dial in the positive direction for many of these factors. We acknowledge the work and passion of staff and the members of the Board of Health of Grey Bruce Public Health in ensuring that the health and well-being of residents remains a priority on the agenda of decision makers and a key factor in program planning and service delivery.

During the COVID-19 pandemic, we learned a hard lesson, that social and economic factors greatly affect health and disease outcomes. We witnessed the ravages of the pandemic and the disproportionate negative impacts on low-income and racialized communities and on those living with housing challenges or insecure employment situations.

The title of this report, *Health Starts Here*, is an ode to the upstream nature of the social determinants of health, and the positive impacts they can have on lifelong health outcomes. We hope that as you read through this report, you will get to know the Grey Bruce region a little better – the assets, the challenges and uniqueness of the region and its residents. Social determinants of health, their origins and impacts, and the way they may intersect are complex and require multi-sectoral approaches.

This document is a call to action, and we hope individuals and organizations can identify and take one or more actions that contribute to better social and economic living conditions in Grey Bruce.

Introduction

Purpose

This report is intended to raise awareness of the social determinants of health and their impacts on health, with a primary focus on the Grey Bruce region. An increased understanding of how the conditions in which people are born, grow up, live, play, work and age can contribute to upstream actions that have bigger impacts on addressing root causes and improving health equity.

This report complements one of Grey Bruce Public Health's strategic directions of Determinants of Health and Equity, which aims to inform the public and community partners about the social determinants that contribute to health.

This report has three parts.

PART I: Introduction
This part outlines the purpose of the report, information on the population of Grey Bruce, and a foundational overview of the social factors that influence people's health.

PART II: Health Starts Here
This part is divided into sections, with each examining a social determinant of health, including Income, Education, Employment, Early Childhood Experiences, Food Security, Housing, Social Connections, Access to Health Services, Physical Environment, Disability, Indigenous Ancestry, Gender, Race, and Immigration.

PART III: Intersectionality and Call to Action
This concluding section explains the concept of intersectionality of social determinants and how they interact to produce different experiences for individuals, families, groups and communities. It also includes a call to action, using the World Health Organization's Ottawa Charter, to offer a set of actions to promote positive living and working conditions for people and, therefore, improving their health outcomes (3).

Background

The Grey Bruce region is an area of immense natural beauty, rich heritage and history, located in the southwestern region of Ontario. It is straddled by Lake Huron on the west, with Georgian Bay to the northeast, Simcoe and Dufferin Counties to the east, and Huron and Wellington Counties to the south.

The region is endowed with resources that promote inclusive social and environmental assets, such as strong community networks, local businesses and entrepreneurship, strong and connected community-based organizations, natural and agricultural resources, local governance and political engagement, generous partnerships and philanthropy, educational institutions and apprenticeship training programs, and a proud cultural heritage.

More information on the region is provided in each of the social determinants of health sections. Where data is available, the region is compared to the Ontario and/or Canadian populations to provide some context on the health of Grey Bruce residents.

In this report, we lean heavily on Statistics Canada's 2021 Census Reports. We also retrieved data and information from sources. such as the National Collaborating Centre for Determinants of Health (NCCDH), National Collaborating Centre for Indigenous Health (NCCIH), Ontario Public Health Standards' Health Equity Guideline 2018, and the World Health Organization.

For knowledge on the social determinants of health, we stand on the shoulders of Dr. Dennis Raphael, a social scientist who has researched and written extensively on health inequalities in Canada, including the impact of poverty and public policies on quality of life. His work brings a Canadian perspective to understanding the social determinants of health. We also acknowledge the numerous academics of social determinants of health, including, but not limited to, Michael Marmot and Richard Wilkinson.

A full list of our references and data sources are provided at the end of this report.

An understanding of social determinants of health is important for addressing health equity and population health. The Ottawa Charter identifies that peace, shelter (housing), education, food, income, a stable ecosystem, sustainable resources, social justice and equity are all prerequisites for health (3).

The quest for health equity gained momentum following the United Kingdom's Whitehall Study in 1967, which showed that people with higher socio-economic status had better health, and that a health gradient existed based on social status. Marmot and Wilkinson summed up available scientific evidence and concluded that the differences in health outcomes are not due to differences in health care, but rather to the differences in the characteristics of population groups (2).

Changes in people's social and cultural environments lead to changes in their risk of disease, and as a person moves down the social hierarchy, life expectancy gets shorter, and mortality rates become higher. It is not health that determines social position, but rather, social position that determines health. More importantly, they suggest that it is possible to change the health gradient with effective interventions (2).

General Population

Grey Bruce is home to 174,300 full-time residents. Between 2016 and 2021, the population increased at a faster rate than the Ontario average. The region, comprised of Grey and Bruce Counties, is located in southwestern Ontario, spanning 8,600 square kilometres. It is made up of 17 lower-tier municipalities, is next to two First Nations communities, and is home to a number of Anabaptist communities.

Children and Youth (0-19 years)

- The population of children and youth is 35,735.
- Children and youth make up 20.5% of the population.
- Between 2016 and 2021, the children and youth population grew by 7.5%.

Adults (20-64 years)

- The population of working-age adults is 92,830.
- Adults make up 53.3% of the population.
- Between 2016 and 2021, the working-age adult population grew by 3.0%.

Older Adults (65+ years)

- The population of older adults is 45,735.
- Older adults make up 26.2% of the population.
- Between 2016 and 2021, the older adult population grew by 17.9%.

Our Community

Population

Grey Bruce has a population of 174,300 people. The most populated municipalities are:

- Owen Sound: 21,612
- Saugeen Shores: 15,908
- West Grey: 13,131

Growth

The population in Grey Bruce grew by 7.6% between 2016 and 2021. The fastest-growing municipalities were:

- The Blue Mountains: +34%
- Southgate: +19%
- Saugeen Shores: +16%

An Aging Population

Grey Bruce has an aging population, with the fastest-growing demographic being those aged 65 years and older. The average age in Grey Bruce is 45.5 years, which is 3.6 years older than the average age of people living in Ontario. The shrinking working-age population has implications for the local workforce and economy.

LEARN MORE

Grey Bruce Public Health, Health Stats

Social Determinants of Health

Social determinants of health (SDOH) refer to the conditions in which we are born, live, work, and age. This report highlights the key social determinants: income, education, employment, early childhood experiences, food security, housing, social connections, access to health services, physical environment, disability, Indigenous ancestry, gender, race, and immigration. These factors are inter-related and influence one another in complex ways (1).

When we think about what makes us healthy, we often think about things like visiting the doctor, exercising, and eating well. But there is much more to it. Many factors shape individual and community health (1).

Some factors affect health directly, while others act indirectly to produce differing health outcomes. The unfair and avoidable differences in health that some populations experience are known as health inequities (2).

The National Collaborating Centre for Determinants of Health (NCCDH, 2024) uses a tree as a metaphor to show how the social determinants impact health (2).

This image was adapted from the National Collaborating Centre for Determinants of Health.

The Leaves

The leaves represent the physical and mental health outcomes that we see in communities and populations. Healthy leaves symbolize good health resulting from a flourishing tree with a strong and sturdy trunk (2).

The Trunk

The trunk represents individual behaviours. Interventions are often planned to address the individual behaviours, even though we know that addressing the root cause has a greater impact (2).

The Roots

The roots represent the social determinants of health. Just as roots provide stability and vital nutrients to the tree, the determinants of health interact and influence one another, forming a complex and deeply rooted system that influences health (2).

The Soil

The soil symbolizes the underlying causes of inequitable health. Factors such as worldviews, public policies, laws, and community resources shape the conditions of daily life and ultimately determine health outcomes (2).

Social Determinants of Health

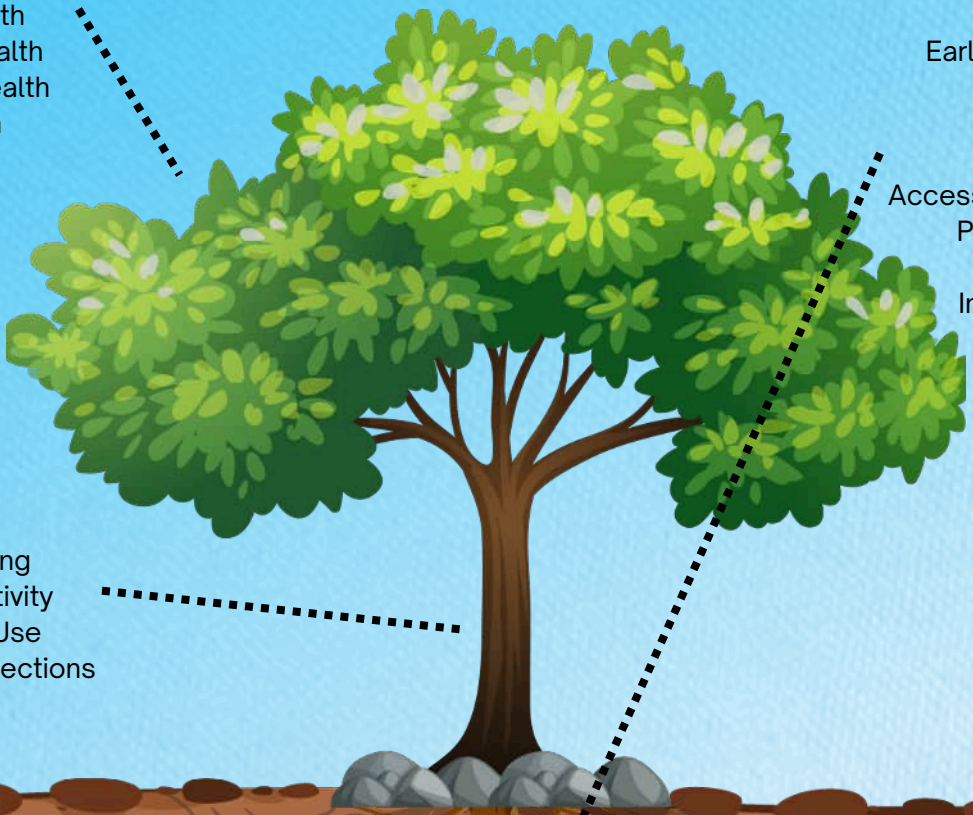
Communities flourish when the conditions that shape health are nurtured and interact positively. Social determinants of health are the roots, and even though they may be unseen, they are the foundation that greatly influence the health of individuals, our communities and populations (2).

The Leaves

- Life Expectancy
- Quality of Life
- Mental Health
- Physical Health
- Maternal Health
- Child Health

The Roots

Income
Education
Employment
Early Child Experiences
Food Security
Housing
Social Connections
Access to Health Services
Physical Environment
Disability
Indigenous Ancestry
Gender
Race
Immigration



The Trunk

- Healthy Eating
- Physical Activity
- Substance Use
- Social Connections

The Soil

- Institutional Practices
- Laws, Policies, Regulations, Budgets
- Governance, Values, Beliefs, Worldviews
- Culture and Norms, Power Relations

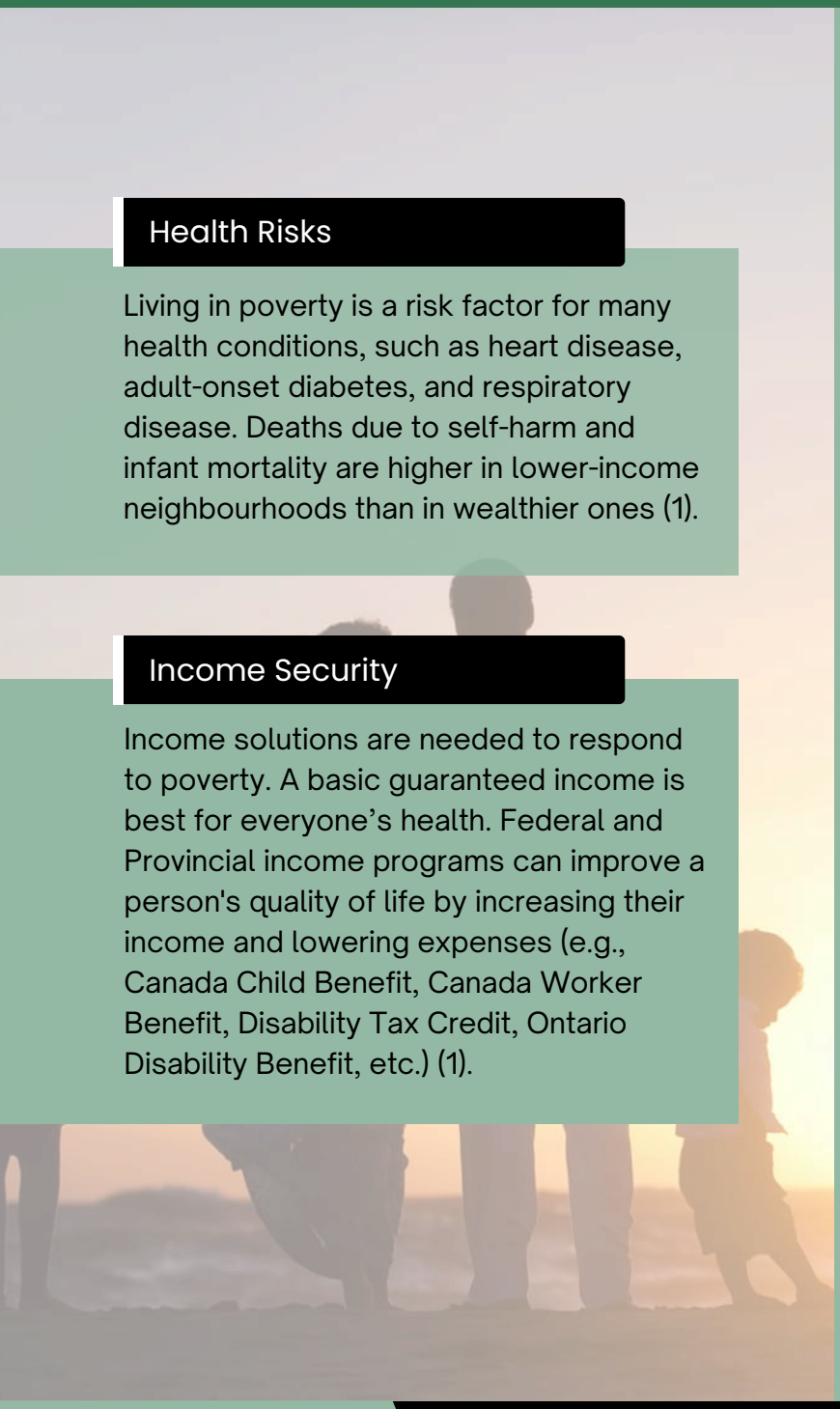
This image was adapted from the National Collaborating Centre for Determinants of Health.

LEARN MORE

National Collaborating Centre for Determinants of Health

Income

Income is the most important determinant of health. The amount of money and resources an individual has, determines their health, living conditions, as well as the degree of control they have over life circumstances and stressors. People at the lowest levels of the income gradient often have the poorest health. They experience higher burdens of illness, decreased life expectancy, and higher rates of mortality (1).



Health Risks

Living in poverty is a risk factor for many health conditions, such as heart disease, adult-onset diabetes, and respiratory disease. Deaths due to self-harm and infant mortality are higher in lower-income neighbourhoods than in wealthier ones (1).

Income Security

Income solutions are needed to respond to poverty. A basic guaranteed income is best for everyone's health. Federal and Provincial income programs can improve a person's quality of life by increasing their income and lowering expenses (e.g., Canada Child Benefit, Canada Worker Benefit, Disability Tax Credit, Ontario Disability Benefit, etc.) (1).

In Grey Bruce

Low Income

In 2020, 11.5% of Grey Bruce households were living with low income measure, after-tax (LIM-AT), a decrease from 14.6% in 2015. The exact cut off varies based on household size, starting at below $26,503 for single-person households.

The living wage represents what a worker needs to earn per hour to cover the actual costs of living in their community. The living wage in Grey Bruce has increased by 1.3% for 2024 to $23.05 per hour (2).

Household Income

Half of Grey Bruce households earn less than $72,500 (after tax). This is less than Ontario, which reported a median household income of $79,500.

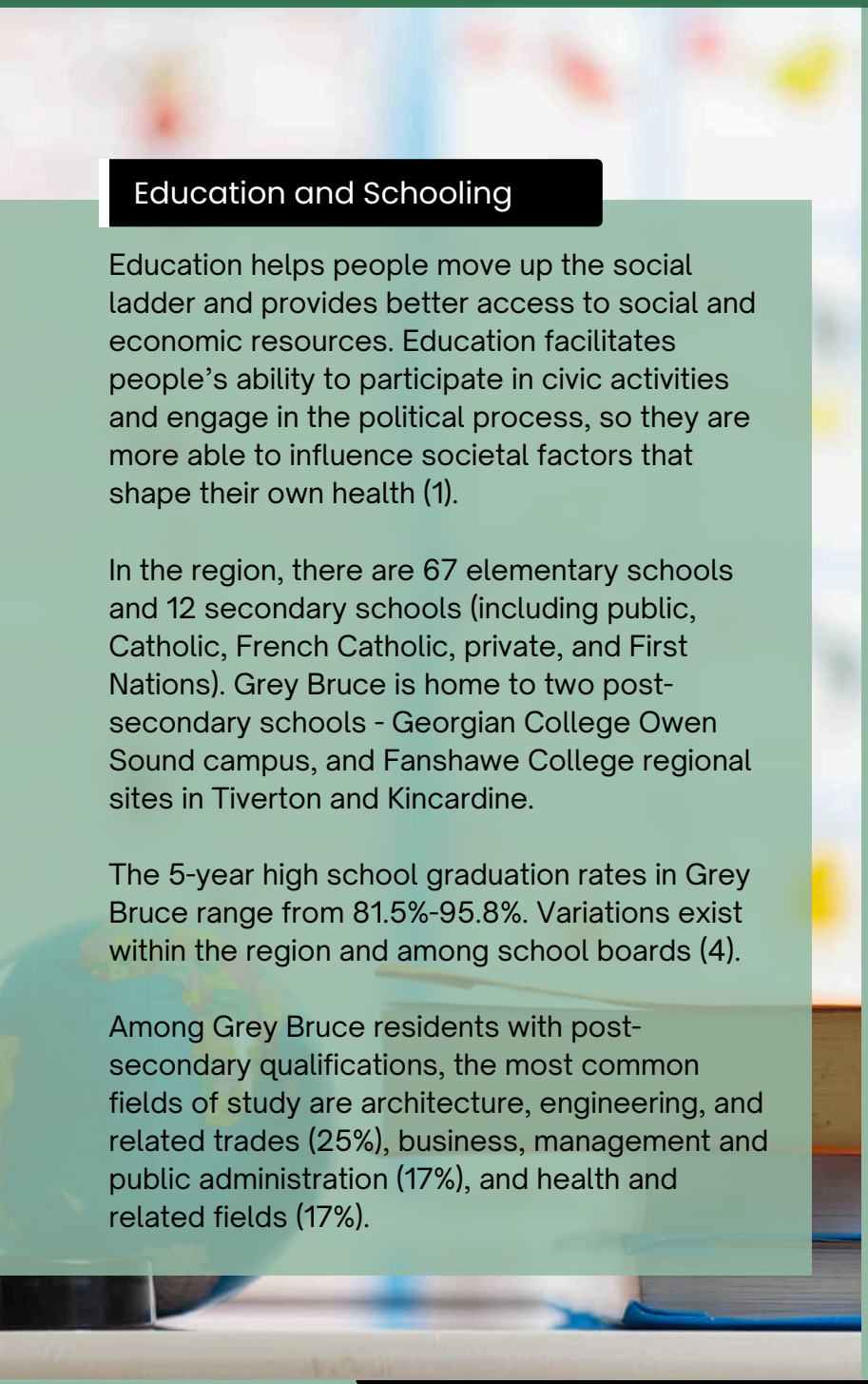
In Grey Bruce, median after-tax income for men was $42,000, while women earned $32,000. There is pay disparity in our region where men make 31.3% more, on average, than women.

LEARN MORE

Grey Bruce Public Health, Health Stats
Statistics Canada: LI-MAT

Education

Education plays a unique role in influencing other social determinants of health, such as employment, income, and housing (1). Higher educational attainment is associated with better health outcomes and longer lifespans through access to better employment, higher income and more resources (2). Conversely, lower educational attainment is associated with an increased risk of chronic conditions, functional limitations, and poorer overall health (3).



Education and Schooling

Education helps people move up the social ladder and provides better access to social and economic resources. Education facilitates people's ability to participate in civic activities and engage in the political process, so they are more able to influence societal factors that shape their own health (1).

In the region, there are 67 elementary schools and 12 secondary schools (including public, Catholic, French Catholic, private, and First Nations). Grey Bruce is home to two post-secondary schools - Georgian College Owen Sound campus, and Fanshawe College regional sites in Tiverton and Kincardine.

The 5-year high school graduation rates in Grey Bruce range from 81.5%-95.8%. Variations exist within the region and among school boards (4).

Among Grey Bruce residents with post-secondary qualifications, the most common fields of study are architecture, engineering, and related trades (25%), business, management and public administration (17%), and health and related fields (17%).

In Grey Bruce

Post-Secondary Completion

60% of Grey Bruce residents aged 25 to 64 have completed post-secondary education, compared to 68% of Ontario residents.

High School Completion

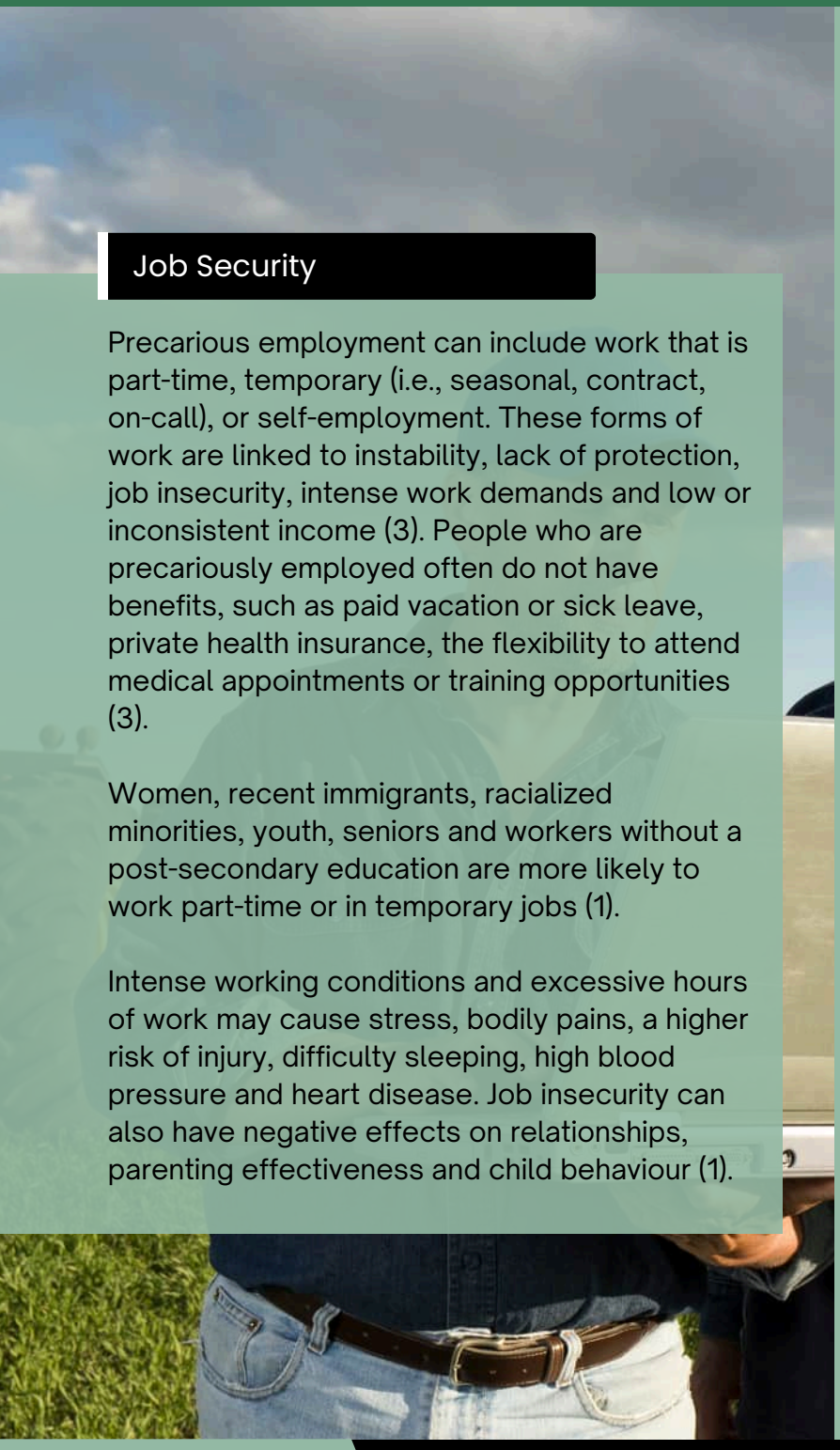
28% of Grey Bruce residents aged 25 to 64 have successfully completed high school as their highest level of educational attainment, compared to 23% of Ontario residents.

No Certificate, Diploma, or Degree

12% of Grey Bruce residents aged 25 to 64 did not complete their high school education, nor pursued any post-secondary education, compared to 9% of Ontario residents.

Employment

Employment provides not only income and financial stability, but also a sense of identity and daily structure, which are all necessary for physical and mental wellbeing. A secure job with benefits enables people to meet basic needs, such as housing, food, and paying bills. Conversely, unemployment can lead to poor health, poverty, and unhealthy behaviours. Unemployment and precarious employment are associated with elevated physical and mental health risks like depression, anxiety, and suicidal ideation (1, 2).



Job Security

Precarious employment can include work that is part-time, temporary (i.e., seasonal, contract, on-call), or self-employment. These forms of work are linked to instability, lack of protection, job insecurity, intense work demands and low or inconsistent income (3). People who are precariously employed often do not have benefits, such as paid vacation or sick leave, private health insurance, the flexibility to attend medical appointments or training opportunities (3).

Women, recent immigrants, racialized minorities, youth, seniors and workers without a post-secondary education are more likely to work part-time or in temporary jobs (1).

Intense working conditions and excessive hours of work may cause stress, bodily pains, a higher risk of injury, difficulty sleeping, high blood pressure and heart disease. Job insecurity can also have negative effects on relationships, parenting effectiveness and child behaviour (1).

In Grey Bruce

Labour Participation

58% of Grey Bruce residents are part of the local labour force, including those currently working, able to work, or seeking employment. In comparison, 63% of Ontario residents are part of the labour force.

Employed

53% of Grey Bruce residents are currently employed, including those in paid work and self-employment. In comparison, 55% of Ontario residents are currently employed.

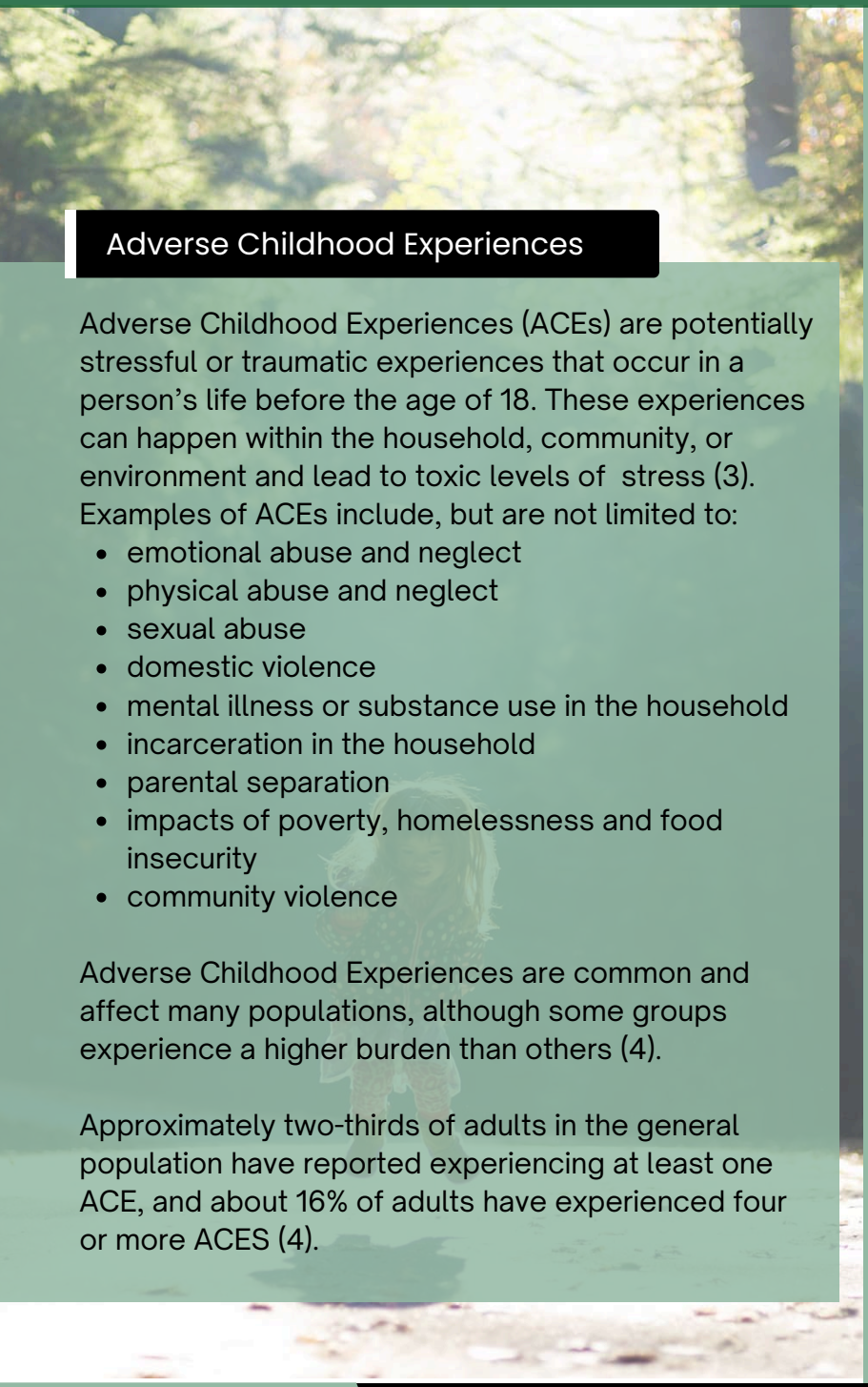
Grey Bruce continues to have a higher proportion of the labour force who are self-employed (21%) than Ontario (15%), due, in part, to the prominent local agricultural sector.

Unemployed

9% of Grey Bruce residents are currently unemployed. This includes individuals who are seeking employment or starting a new position, as well as those who were recently laid off. In comparison, 12% of Ontario residents are unemployed.

Early Childhood Experiences

Early childhood experiences have significant, immediate, and lasting biological, psychological and social effects on health (1). Early childhood is a time of rapid development in the brain and many of the body's biological systems (2). Positive childhood experiences, including safe, stable, and nurturing relationships with caring adults are important for building resilience and overcoming the effects of adversity (2). Developmental vulnerabilities may lead to poorer health and social outcomes later in life (1).



Adverse Childhood Experiences

Adverse Childhood Experiences (ACEs) are potentially stressful or traumatic experiences that occur in a person's life before the age of 18. These experiences can happen within the household, community, or environment and lead to toxic levels of stress (3). Examples of ACEs include, but are not limited to:

- emotional abuse and neglect
- physical abuse and neglect
- sexual abuse
- domestic violence
- mental illness or substance use in the household
- incarceration in the household
- parental separation
- impacts of poverty, homelessness and food insecurity
- community violence

Adverse Childhood Experiences are common and affect many populations, although some groups experience a higher burden than others (4).

Approximately two-thirds of adults in the general population have reported experiencing at least one ACE, and about 16% of adults have experienced four or more ACES (4).

In Grey Bruce

Early Development Instrument

Vulnerabilities are assessed by the Early Development Instrument (EDI), which reflects children whose skills and behaviours are below the levels exhibited by most of their peers (5). The five developmental areas measured in the EDI are physical health and wellbeing, social competence, language and thinking skills, communication skills and general knowledge, understanding and managing emotions.

In 2018, 30% of Grey Bruce children were vulnerable in one or more domains. This is similar to 29.6% of Ontario's children that were also found vulnerable in one or more domains (6).

Based on historic EDI data, Grey Bruce children are consistently more likely than Ontario children to score as vulnerable in the physical health and wellbeing domain (22% vs 16.3%) (6).

LEARN MORE Early Adversity and Resilience Framework

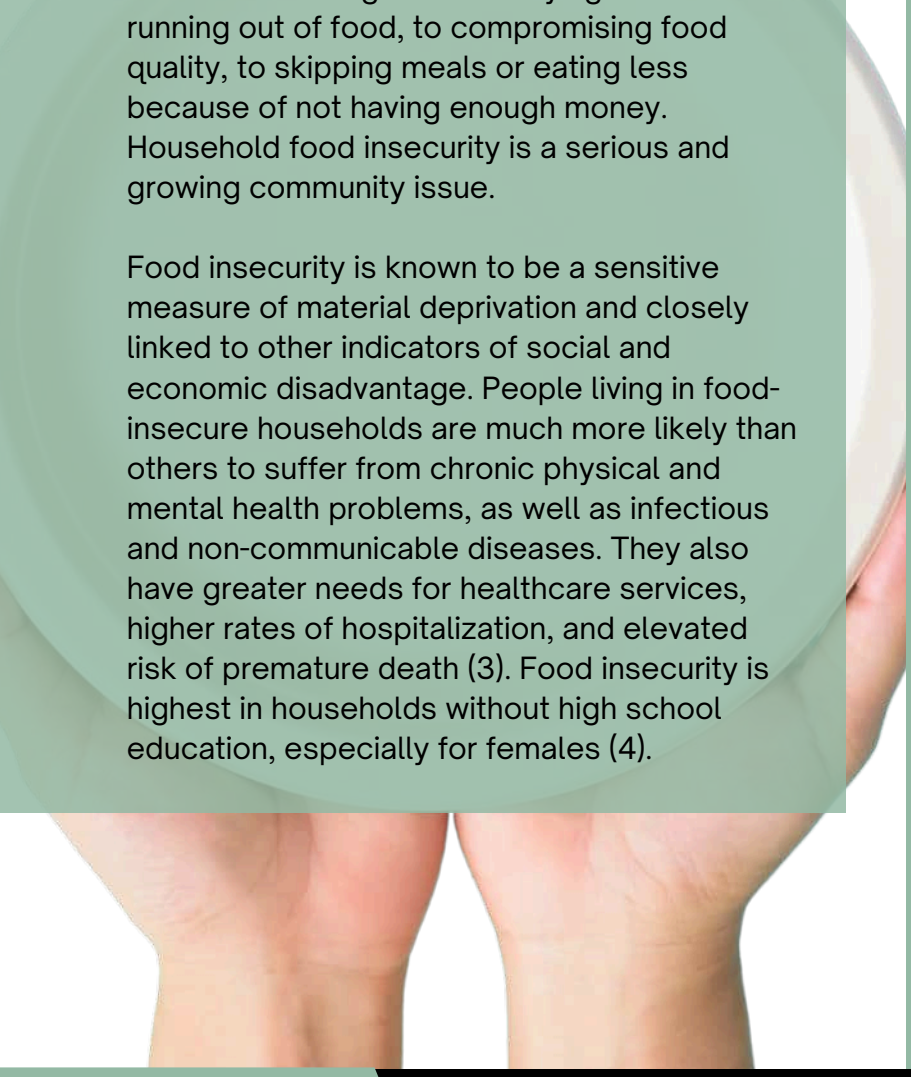
Food Security

Food is a basic human need and our ability to secure it is an important determinant of health (1). Food security is when all people, at all times, have physical, social and economic access to sufficient, safe and nutritious food that meets their dietary needs and food preferences for an active and healthy life (2). Almost always, food insecurity is caused by a lack of economic resources (1). Household food insecurity is best addressed through an income response (3).

Household Food Insecurity

Household food insecurity occurs when people cannot afford the food that their household needs. It can range from worrying about running out of food, to compromising food quality, to skipping meals or eating less because of not having enough money. Household food insecurity is a serious and growing community issue.

Food insecurity is known to be a sensitive measure of material deprivation and closely linked to other indicators of social and economic disadvantage. People living in food-insecure households are much more likely than others to suffer from chronic physical and mental health problems, as well as infectious and non-communicable diseases. They also have greater needs for healthcare services, higher rates of hospitalization, and elevated risk of premature death (3). Food insecurity is highest in households without high school education, especially for females (4).



In Grey Bruce

Food Insecurity

On average, 18.3% of households in Grey Bruce experienced food insecurity between 2021 and 2023 (5).

Ontario Food Insecurity

Evidence shows that food insecurity is worsening in Ontario. In 2024:

- 26.4% of households lived with food insecurity, a significant increase from 16.1% in 2021 (6).
- 33.3% of children and youth under 18 years of age lived in food insecure households (6).

Local Food Affordability

The Ontario Nutritious Food Basket (NFB) is a survey tool used by public health to monitor food affordability. It is not a budgeting tool. In 2024, a family of four in Grey Bruce needed $1,250 per month for groceries (3). Public health reporting shows that this is unaffordable for many lower income households.

LEARN MORE

Grey Bruce Public Health, Food Affordability and Food Insecurity

Housing

The relationship between housing and health is complex, involving factors such as residential stability, affordability, safety, quality, and neighbourhood characteristics (1). Housing issues disproportionately affect vulnerable populations, including children, seniors, unemployed adults, and migrant farmworkers (2). Improvements in housing, particularly in temperature moderation and air quality, can lead to tangible health benefits (3). Ensuring access to safe, affordable housing, schools and childcare, adequate transportation options, parks, and economic opportunities are needed to achieve health equity in housing (4).

Housing and Health

The physical and social environments of our homes and neighbourhoods can greatly impact our health and wellbeing (5). There are four pillars of healthy housing:

- Housing quality and condition
- Neighbourhood factors
- Residential stability
- Housing affordability

A household is considered to have unaffordable shelter costs if 30% or more of its total income is spent on housing. In Grey Bruce, one in three renters and one in 10 homeowners spend more than 30% of their income on housing.

In Grey and Bruce, a combined 3,600 people are on the counties' waitlists for different affordable housing options (9, 10).

In Grey Bruce

Homelessness

Rural communities, including Grey Bruce, are experiencing a homelessness crisis (6,7). In February 2024, 170 households in Grey Bruce were experiencing active homelessness (7).

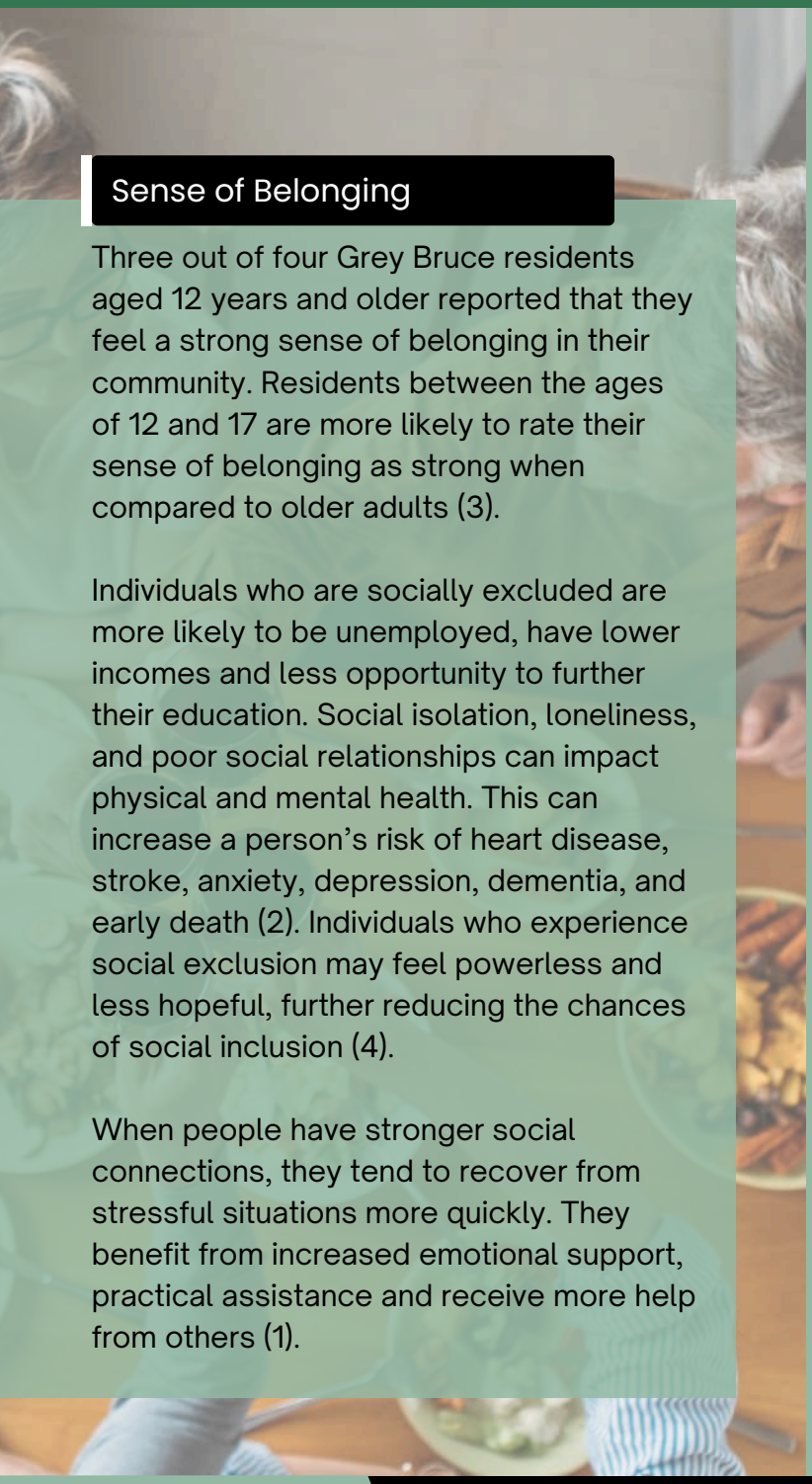
Homelessness in rural Ontario has increased by over 150% since 2016, compared to 50% across all communities in Ontario (7). Factors contributing to the crisis are unaffordable rental accommodation and insecure and low-paying employment (8).

Homelessness disproportionately affects certain groups of people, such as Indigenous Peoples, refugees and immigrants (6). Children and youth make up nearly one-quarter of the Ontarians who are chronically homeless (6).

Compared to the general population, people who are homeless experience more physical and mental health issues, and they are more likely to die early (8).

Social Connections

People who are more socially connected to their family, friends or community tend to be healthier and live longer (1). Social connections and building a sense of community can happen in different ways and places. Sometimes, people need help connecting with others and finding groups that they can relate to in their community. Individuals who have limited access to resources, live in rural areas, have limited transportation, or experience language barriers, are more likely to experience some level of social isolation (2).



Sense of Belonging

Three out of four Grey Bruce residents aged 12 years and older reported that they feel a strong sense of belonging in their community. Residents between the ages of 12 and 17 are more likely to rate their sense of belonging as strong when compared to older adults (3).

Individuals who are socially excluded are more likely to be unemployed, have lower incomes and less opportunity to further their education. Social isolation, loneliness, and poor social relationships can impact physical and mental health. This can increase a person's risk of heart disease, stroke, anxiety, depression, dementia, and early death (2). Individuals who experience social exclusion may feel powerless and less hopeful, further reducing the chances of social inclusion (4).

When people have stronger social connections, they tend to recover from stressful situations more quickly. They benefit from increased emotional support, practical assistance and receive more help from others (1).

In Grey Bruce

Who is at Risk?

Individuals and groups more likely to experience social isolation and exclusion are Indigenous Peoples, people living with low-income, women, older adults, victims of violence or abuse, 2SLGBTQIA+ individuals, recent immigrants and people with disabilities (2, 4, 5).

Widowed persons can face hardship arising from the loss of income and emotional support when a partner passes.

- 7% of the Grey Bruce population is widowed, compared to 5.5% in Ontario. This higher percentage may be due to the older population in Grey Bruce region.

Lone-parent families are more likely to struggle financially, which can affect the emotional and social health of parents and children.

- 12% of Grey Bruce families are single parent families, compared to 17% of Ontario families.

Individuals who live alone may experience social isolation and loneliness.

- 12% of Grey Bruce residents are currently living alone, compared to 10% of Ontarians.

Access to Health Services

Access to quality healthcare services is a social determinant of health as well as a human right (1). Some groups may face multiple barriers that create challenges to accessing healthcare services. Individuals may experience overlapping factors that further complicate access to care, for example, an older adult living with a low-income, in a rural area with a lack of transportation (2).

Factors Impacting Health Services

Geographical factors, such as distance, travel time, transportation availability, and winter weather, often hinder timely access to health services in Grey Bruce. Mobility challenges due to disabilities or lack of public transportation can further complicate access (2).

Rural areas often struggle to recruit and retain healthcare professionals, resulting in fewer primary care and specialist options for residents (3).

People living with a low income are less likely to see specialists, fill prescriptions, or access dental care due to cost. They are also more likely to face challenges accessing services on weekends or evenings, and more likely to wait five or more days for a primary care appointment (1).

Additionally, personal and social resources related to factors like educational attainment, social connectedness, newcomer status, language and culture can influence an individual's ability to navigate the healthcare system (4).

In Grey Bruce

Primary Care Provider Access

In 2020, 90% of Grey Bruce residents reported having access to a regular healthcare provider, which is similar to the provincial average. However, since 2016, local access to a regular healthcare provider has been declining (5).

Youth in Grey Bruce

In Grey Bruce, 81% of youth aged 12-17 have a regular healthcare provider, compared to 94% of older adults aged 65 years and older (5).

Mental Health Services Access

In Grey Bruce, adults aged 35 to 49 are most likely to use mental health services, while youth aged 12 to 17, and older adults are the least likely to do so (5).

Dental Care Access

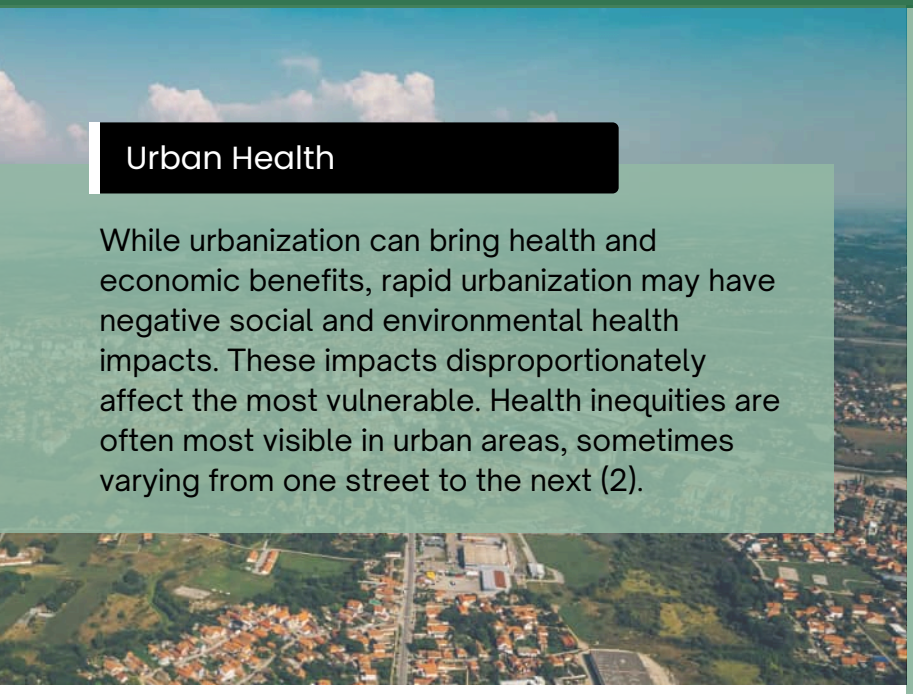
The rate of seniors in Grey Bruce who visited an emergency department due to an oral health condition in 2023 was more than double the provincial average (1389 compared to 532 per 100,000) (6).

LEARN MORE

Grey Bruce Public Health, Health Status Report

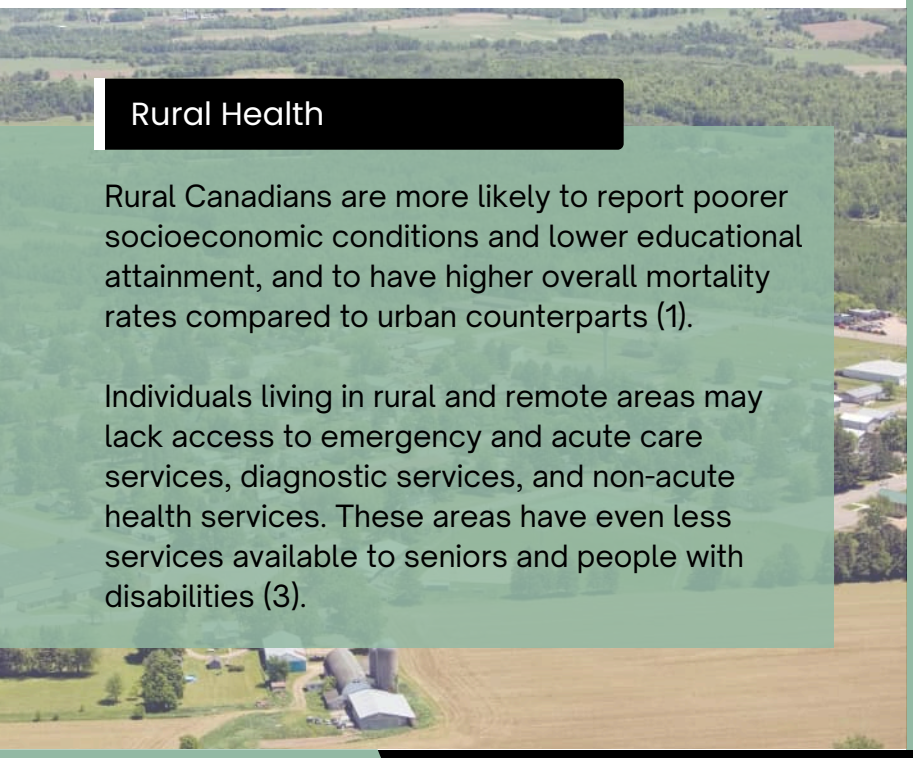
Physical Environment

The physical environment in which we live, work, and play, is an important determinant of health. It includes the natural environment around us (water, air, soil, weather), as well as the built environment (housing, neighbourhoods, transportation systems). Geography, whether rural, remote, or urban, can intersect with other factors, including weather patterns, pollution dispersion patterns, and access to health care and services, to shape the health status of populations (1).



Urban Health

While urbanization can bring health and economic benefits, rapid urbanization may have negative social and environmental health impacts. These impacts disproportionately affect the most vulnerable. Health inequities are often most visible in urban areas, sometimes varying from one street to the next (2).



Rural Health

Rural Canadians are more likely to report poorer socioeconomic conditions and lower educational attainment, and to have higher overall mortality rates compared to urban counterparts (1).

Individuals living in rural and remote areas may lack access to emergency and acute care services, diagnostic services, and non-acute health services. These areas have even less services available to seniors and people with disabilities (3).

In Grey Bruce

Rural

53% of Grey Bruce residents live in rural areas, compared to Ontario where only 17% of residents live in rural areas. The population density in Grey Bruce is 20.5 people per square kilometre, compared to Southwestern Ontario which is 76.0 people per square kilometre.

Urban

47% of Grey Bruce residents live in urban areas, compared to Ontario where 83% of residents live in urban areas. Owen Sound is the only city in Grey Bruce and is home to 12.4% of the population.

Your Health

Health status, behaviours, service usage, costs and outcomes differ between urban and rural populations. Specific characteristics increase climate change vulnerability of rural and remote regions, although many strengths within these regions support resilience to climate change (3).

Disability

Individuals with disabilities are at greater risk of experiencing health disparities compared to those without disability. Disabilities can be permanent or temporary, visible or invisible, mild or severe. Those with functional limitations across the lifespan self-report worse overall health, both mental and physical health, compared to those without functional limitations (1). Disability is closely interconnected to the other social determinants of health, as it can influence a person's ability to access employment and income, access health care, live independently, and maintain wellbeing (2).

Barriers

In the past year, 72% of persons with disabilities reported experiencing one or more types of barriers to accessibility (3).

People with disabilities often face higher unemployment rates and lower wages due to discrimination, leading to financial instability and contributing to disparities in health outcomes (2).

People with disabilities may also experience barriers accessing healthcare, education, nutritious food, housing, and other essential services, due to physical inaccessibility, limited healthcare provider availability, or economic factors (2).

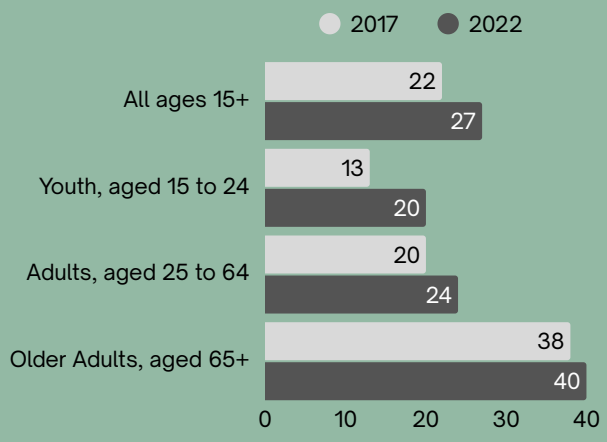
The built environment can be a significant barrier for people with disabilities, including inaccessible transportation, housing, and public spaces (2).

Strong social connections can have a positive impact on health, but individuals with disabilities may experience social isolation due to physical, social, or economic barriers (2).

In Canada

Rate of Disability

- 27% of those aged 15 years and older have one or more disabilities.
- Persons over the age of 65 have the highest prevalence of disability.
- From 2017 to 2022, disability prevalence has increased across all ages. Youth experienced the largest increase in disability prevalence from 2017 to 2022 (+7%).
- Disability prevalence was higher among women (30%) compared to men (24%).



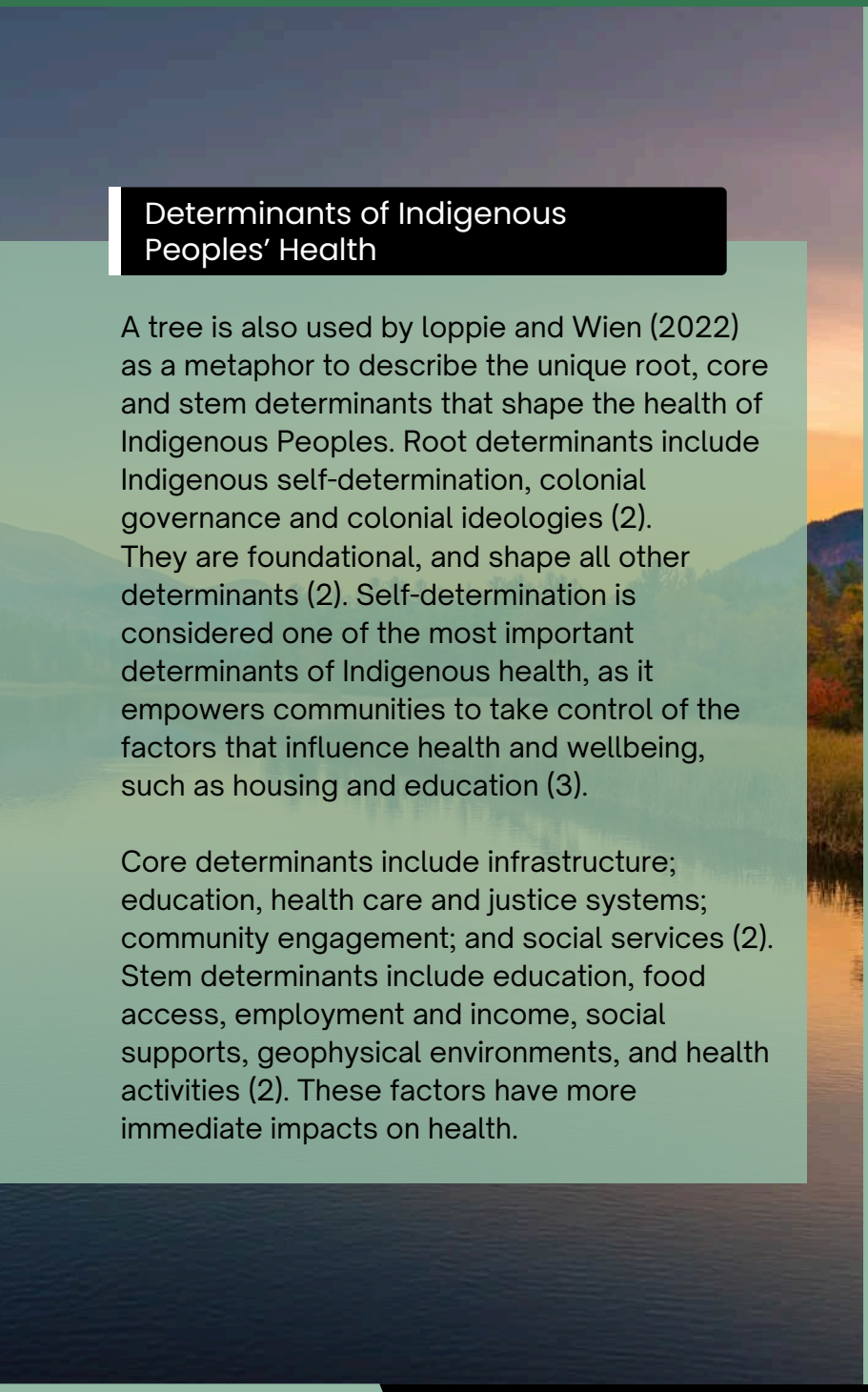
Prevalence (%) of people with disabilities in Canada, by age

LEARN MORE

Stats Can, Canadian Disability Survey

Indigenous Ancestry

The social determinants of health impact Indigenous populations in significant and unique ways. Factors, such as colonization, racism and social exclusion have deeply impacted the health of Indigenous communities, families and individuals, resulting in health and social inequities (1). It is essential to acknowledge the diversity of Indigenous populations, cultures, traditions and languages. Indigenous cultures are deeply connected to the land and water, with stories, symbols, and meaning that come from the natural environment (2).



Determinants of Indigenous Peoples' Health

A tree is also used by Ioppie and Wien (2022) as a metaphor to describe the unique root, core and stem determinants that shape the health of Indigenous Peoples. Root determinants include Indigenous self-determination, colonial governance and colonial ideologies (2). They are foundational, and shape all other determinants (2). Self-determination is considered one of the most important determinants of Indigenous health, as it empowers communities to take control of the factors that influence health and wellbeing, such as housing and education (3).

Core determinants include infrastructure; education, health care and justice systems; community engagement; and social services (2). Stem determinants include education, food access, employment and income, social supports, geophysical environments, and health activities (2). These factors have more immediate impacts on health.

In Grey Bruce

Indigenous Population

There are two First Nations communities in the part of Ontario now known as Bruce and Grey counties - the Chippewas of Nawash Unceded First Nation and the Chippewas of Saugeen First Nation, collectively known as Saugeen Ojibway Nation.

Using Statistics Canada data to report on First Nations, Inuit and Metis populations should be interpreted carefully, as it may underestimate the correct population size for various reasons (4).

Health Outcomes

Indigenous Peoples in Canada experience more adverse health outcomes compared to non-Indigenous Peoples, such as lower life expectancy, more chronic health conditions, higher infant mortality rates, and higher rates of certain infectious diseases (2).

Gender

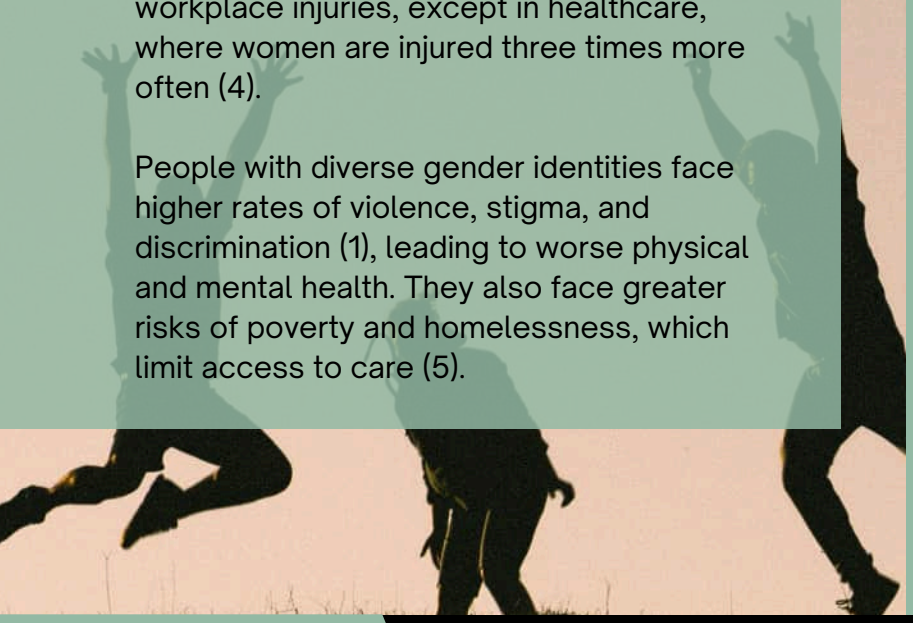
Gender is a social construct that refers to the roles, behaviours, and norms of women, men, girls and boys, and gender-diverse people, which can differ between cultures and change over time (1). Gender identity is a person's deeply personal sense of their own gender, which may or may not align with their physical traits or the sex they were assigned at birth (2). Gender intersects with all other social determinants of health, shaping and being shaped by them, and it affects how people experience and access healthcare.

Health Impacts

Women, especially those who are racialized, immigrants, or living with disabilities, face major income disparities, with Indigenous women among the most affected (3). Despite often having equal or higher education than men, women earn less, receive fewer benefits, and are more likely to be single parents living in poverty. They also carry a heavier burden of unpaid household work, impacting their health (3).

Men, shaped by rigid gender norms, may engage in risky behaviors and avoid mental healthcare (1). They experience more serious workplace injuries, except in healthcare, where women are injured three times more often (4).

People with diverse gender identities face higher rates of violence, stigma, and discrimination (1), leading to worse physical and mental health. They also face greater risks of poverty and homelessness, which limit access to care (5).



In Grey Bruce

Income

In Grey Bruce, the gender pay gap is evident. For every $1.00 earned by a man, a woman earns $0.69.

Education

Women living in Grey Bruce are more likely to have a postsecondary certificate, diploma, or degree, compared to men (64% vs 56%).

Employment

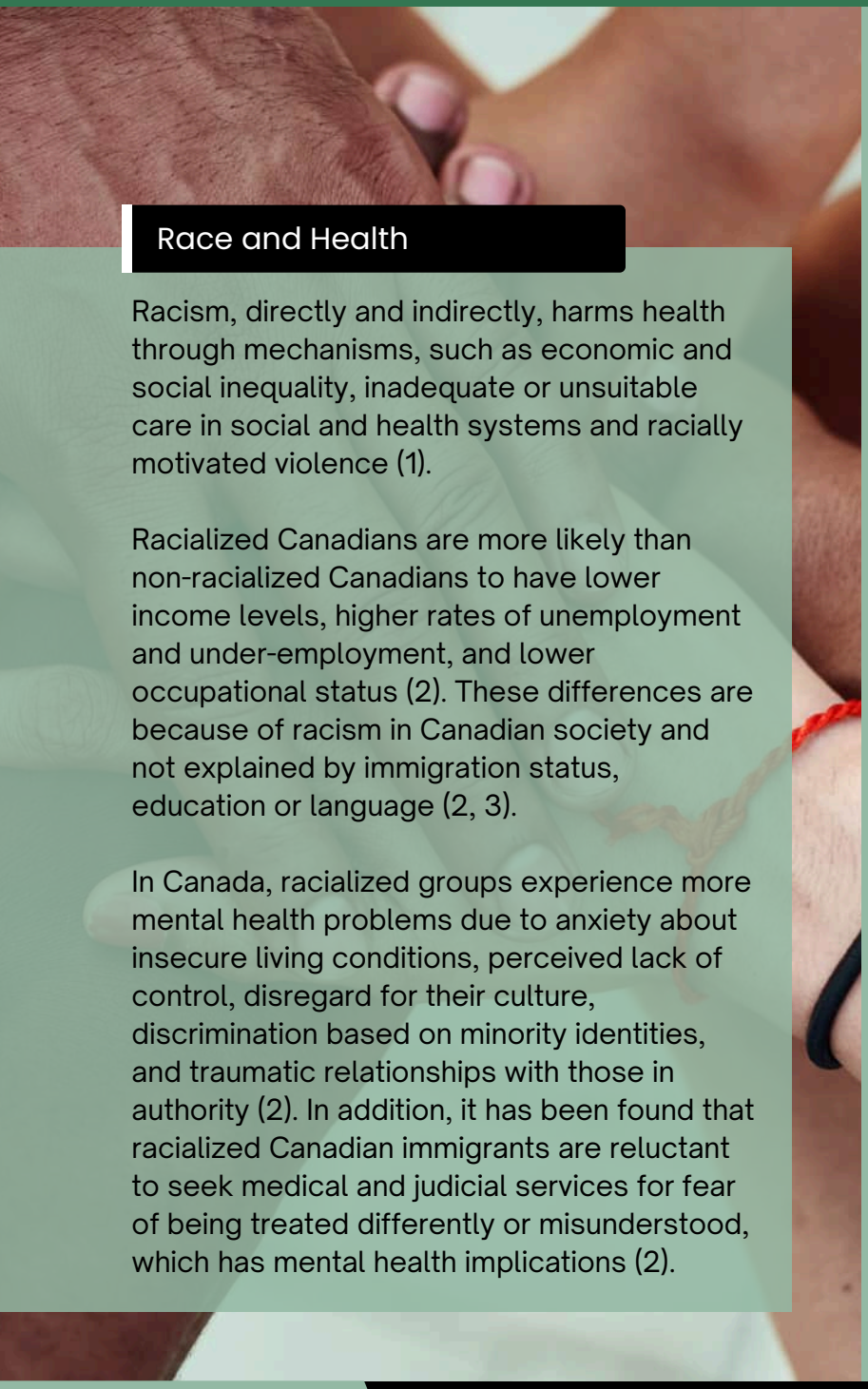
In Grey Bruce, men primarily work in the construction, manufacturing, and utilities sector; where as women primarily work in sectors such as healthcare and social assistance, retail trade, and educational services.

Behaviours

Men living in Grey Bruce are more likely to be regular heavy drinkers than women (25% vs 16%). They are also more likely to smoke daily than women residents (19% vs 14%).

Race

Race is defined by societies to categorize differences among groups of people based on physical characteristics (1). Race intersects with other social determinants of health like income, education and employment (2). Racialized peoples generally experience higher rates of poverty, precarious and under-employment, discrimination and systemic disadvantages within housing, education, and public health systems (1).



Race and Health

Racism, directly and indirectly, harms health through mechanisms, such as economic and social inequality, inadequate or unsuitable care in social and health systems and racially motivated violence (1).

Racialized Canadians are more likely than non-racialized Canadians to have lower income levels, higher rates of unemployment and under-employment, and lower occupational status (2). These differences are because of racism in Canadian society and not explained by immigration status, education or language (2, 3).

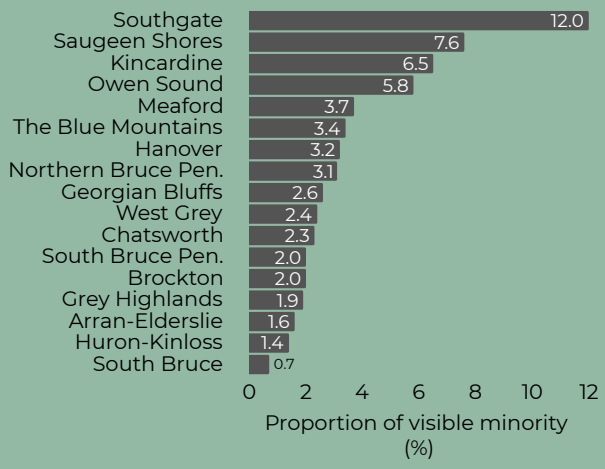
In Canada, racialized groups experience more mental health problems due to anxiety about insecure living conditions, perceived lack of control, disregard for their culture, discrimination based on minority identities, and traumatic relationships with those in authority (2). In addition, it has been found that racialized Canadian immigrants are reluctant to seek medical and judicial services for fear of being treated differently or misunderstood, which has mental health implications (2).

In Grey Bruce

Visible Minorities

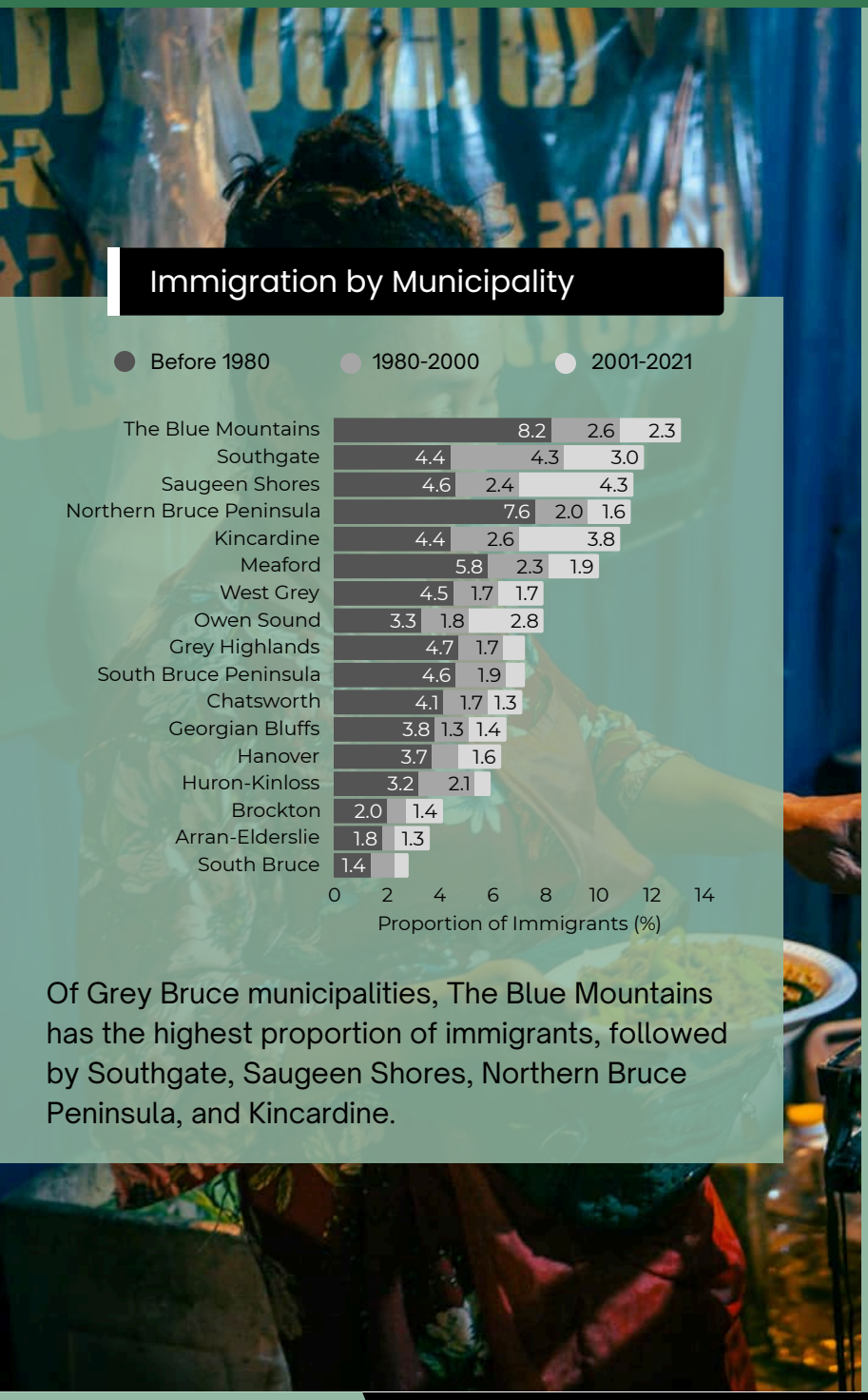
Overall, Canada is a multicultural society, and the ethnic and racial makeup of its population is rapidly changing, becoming more diverse (1).

The proportion of Grey Bruce residents who identify as a member of a visible minority group is 4.0% (3.8% in Bruce County and 4.2% in Grey County). This has increased from 2.3% in 2016. Although growing, the population of visible minorities locally remains lower than the proportion in Ontario (34.3%) and Canada (26.5%).



Immigration

Immigration plays a crucial role in supporting economic growth and enhancing social cultural diversity (1). Despite initially being healthier than the native-born population, immigrants to Canada experience a decline in health status after arrival (1). This deterioration in health is associated with barriers to health care access, social exclusion, racial discrimination, precarious employment, and the disproportionate experience of poverty by racialized groups (1).



Immigration by Municipality

Of Grey Bruce municipalities, The Blue Mountains has the highest proportion of immigrants, followed by Southgate, Saugeen Shores, Northern Bruce Peninsula, and Kincardine.

In Grey Bruce

Language

- 93.9% of residents speak only English, 5.5% speak both English and French, and less than 1% do not speak English or French.
- 7.5% of residents have a mother tongue other than English.

Immigrant Population

Grey Bruce has a much lower immigration population when compared to Ontario and Canada. This includes everybody not born in Canada.

- Grey Bruce: 8.2%
- Ontario: 30.0%
- Canada: 23.0%

Immigration Levels

- Prior to 1980, The Blue Mountains had the highest level of immigration.
- Between 1980 and 2000, Southgate had the highest immigration levels.
- Between 2001 and 2021, Saugeen Shores had the highest level of immigration.

Intersectionality and Call to Action

Social determinants of health do not exist in isolation. People's identities are not wholly described by one or the other factors they live with. Rather, people's different identities interplay, creating synergistic and interactive complexes of their barriers and challenges. For example, a person with a disability from a marginalized racial or ethnic background living with low income, not only faces challenges based on each of those factors, but additional challenges created by an interplay, overlap, and intersection of all these factors (1). This phenomenon is called intersectionality.

Intersectionality is a way to understand how multiple forms of inequality or disadvantage may compound themselves and create obstacles in the lives of individuals and groups. Intersectionality describes how social identities created by social determinants of health interact with one another, with society, with organizations, and with systems of power (1).

An acknowledgement of intersectionality helps us to identify and address social determinants as a complex experience that requires multifactorial, multi-sectoral and long-term interventions. The Government of Canada uses the Gender Based Analysis (GBA) Plus as its Intersectional Analysis framework. This is the lens through which the social context of the individual can be examined (2,3).

Call to Action

"Once you study and consider the far-reaching effects of social determinants of health, you can't *not* do something!"
– Population Health Alliance, 2018.

Almost 40 years ago, the Ottawa Charter (1986) provided us with tools to comprehensively help and empower individuals and communities to take control of their health and its determinants through five key action areas, which remain relevant today:

Build Healthy Public Policy – include social determinants of health on the agenda, and as priorities, for all sectors and all levels of government. This may involve legislation, funding and/or organizational changes, and holding decision-makers and officials to account for the impacts of their policies on the social and economic factors that influence health.

Create Supportive Environments – let us take care of each other, our communities and our natural environment. This might include adaptive and changing patterns of life, work and leisure. This requires an intersectoral approach involving various sectors in the community.

Strengthen Community Action – empower communities by involving them in priority setting, decision-making, planning and implementation of initiatives. It involves identifying and making use of community assets and resources to achieve mutually agreed upon goals.

Develop Personal Skills – support people and communities with information and education to help them prepare and cope with the different stages of life and the health effects, and to learn more about the social determinants of health and their downstream effects.

Reorient Health Services – refocus the way healthcare is planned and delivered to take into consideration the unique needs of people, histories and respect for cultural needs. This involves training staff about social determinants and health equity.

Call to Action

These strategies work best when they are adapted to the local needs and context of the community. Collection, analysis and use of SDOH data is important for decision-making and for understanding health equity and its impact. Time, resources and funding are important in every step of addressing health inequity – for research, planning, implementation and evaluation of interventions.

For organizations, we recommend the use of health promotion strategies such as (5):

Advocate for Health: speak with decision-makers to influence factors and policies that support health in their communities, e.g. basic income, food security.

Enable People to Take Control of their Health: support people to reach their full health potential through opportunities for healthy choices, supportive environments, health literacy and information.

Mediate with all Sectors: engage in intersectoral collaboration using a variety of approaches across different sectors - health, social services, education, economic, non-governmental, voluntary, local authorities, industries, and media; and involve individuals, families and communities.

Advancing health equity requires all of us across all sectors of the society to be willing to confront and change conscious and unconscious prejudices. It requires us to recognize that improving people's health is not the sole responsibility of the health sector, but requires collaboration across all sectors, including individuals, families, groups and communities who understand the factors that shape their unique experiences of privilege and disadvantage.

References

Introduction

1. World Health Organization. (1986, November 21). Ottawa Charter for Health Promotion: An International Conference on Health Promotion. https://www.canada.ca/en/public-health/services/health-promotion/population-health/ottawa-charter-health-promotion-international-conference-on-health-promotion.html

2. Marmot, M., & Wilkinson, R. (2000). Social determinants of health. Health Promotion International, 15(1), 87–88.

Health Starts Here

Social Determinants of Health

1. Raphael, D., Bryant, T., Mikkonen, J., & Raphael, A. (2020). Social determinants of health: The Canadian facts (2nd ed.). Ontario Tech University Faculty of Health Sciences & York University School of Health Policy and Management. https://thecanadianfacts.org/The_Canadian_Facts-2nd_ed.pdf

2. National Collaborating Centre for Determinants of Health. (2024). Let's talk: Determinants of health. St. Francis Xavier University. https://nccdh.ca/resources/entry/lets-talk-determiants of health. Antogonish, NS: NCCDH, St. Francis Xavier University.

Income

1. Raphael, D., Bryant, T., Mikkonen, J., & Raphael, A. (2020). Social determinants of health: The Canadian facts (2nd ed.). Ontario Tech University Faculty of Health Sciences & York University School of Health Policy and Management. https://thecanadianfacts.org/The_Canadian_Facts-2nd_ed.pdf

2. Coleman, A. (2024). Calculating Ontario's living wages. Ontario Living Wage Network. https://www.ontariolivingwage.ca/calculation_archive

Education

1. Raphael, D., Bryant, T., Mikkonen, J., & Raphael, A. (2020). Social determinants of health: The Canadian facts (2nd ed.). Ontario Tech University Faculty of Health Sciences & York University School of Health Policy and Management. https://thecanadianfacts.org/The_Canadian_Facts-2nd_ed.pdf

2. Raghupathi, V., & Raghupathi, W. (2020). The influence of education on health: An empirical assessment of OECD countries for the period 1995–2015. Archives of Public Health, 78, Article 20. https://doi.org/10.1186/s13690-020-00402-5

3. Suiter, S. V., & Meadows, M. L. (2023). Educational attainment and educational contexts as social determinants of health. Primary Care: Clinics in Office Practice, 50(4), 579–589. https://doi.org/10.1016/j.pop.2023.04.007

4.Ontario Ministry of Education. (2023). School board progress reports: Five-year graduation rate. https://www.app.edu.gov.on.ca/eng/bpr/allBoards.asp?chosenIndicator=11

Employment

1. Raphael, D., Bryant, T., Mikkonen, J., & Raphael, A. (2020). Social determinants of health: The Canadian facts (2nd ed.). Ontario Tech University Faculty of Health Sciences & York University School of Health Policy and Management. https://thecanadianfacts.org/The_Canadian_Facts-2nd_ed.pdf

2. Raphael, D. (Ed.). (2016). Social determinants of health: Canadian perspectives (3rd ed.). Canadian Scholars' Press. https://canadianscholars.ca/book/social-determinants-of-health-3rd-edition/

3. Four County Labour Market Planning Board. (2021). Precarious living study 2021. https://www.planningboard.ca/wp-content/uploads/2022/01/Precarious-Living-Study-2021-FINAL.pdf

Health Starts Here

Early Childhood Experiences

1. Raphael, D., Bryant, T., Mikkonen, J., & Raphael, A. (2020). Social determinants of health: The Canadian facts (2nd ed.). Ontario Tech University Faculty of Health Sciences & York University School of Health Policy and Management. https://thecanadianfacts.org/The_Canadian_Facts-2nd_ed.pdf

2. Center on the Developing Child at Harvard University. (2021). Three principles to improve outcomes for children and families (2021 update). Center on the Developing Child at Harvard University. https://developingchild.harvard.edu/resources/report/three-principles-to-improve-outcomes-for-children-and-families/

3. PACEs Connection. (2023). 3 realms of ACEs – Handout 2023. PACEs Connection. https://www.pacesconnection.com/ws/Handouts_3RealmsACEs_EN.pdf

4. Madigan, S., Deneault, A. A., Racine, N., Park, J., Thiemann, R., Zhu, J., et al. (2023). Adverse childhood experiences: A meta-analysis of prevalence and moderators among half a million adults in 206 studies. World Psychiatry, 22(3), 463–471. https://doi.org/10.1002/wps.21155

5. Offord Centre for Child Studies. (2019). What is the EDI? Offord Centre for Child Studies. Retrieved May 5, 2025, from https://efts.offordcentre.com/overview/

6. Grey Bruce Health Unit. (2018). Developing skills for learning: Foundations of motor skill development of children in Grey Bruce. Grey Bruce Health Unit. https://www.publichealthgreybruce.on.ca/Portals/0/Topics/FamilyHealth/healthy_growth_and_development.pdf

Food Security

1. Raphael, D., Bryant, T., Mikkonen, J., & Raphael, A. (2020). Social determinants of health: The Canadian facts (2nd ed.). Ontario Tech University Faculty of Health Sciences & York University School of Health Policy and Management. https://thecanadianfacts.org/The_Canadian_Facts-2nd_ed.pdf

2. Food and Agriculture Organization of the United Nations. (2003). Trade reforms and food security: Conceptualizing the linkages. https://www.fao.org/4/y4671e/y4671e00.htm

3. Grey Bruce Public Health. (2024). Monitoring food affordability in Grey Bruce: The cost of eating well & the urgent issue of food insecurity. https://www.publichealthgreybruce.on.ca/Portals/0/Topics/Eating%20Well/Monitoring%20Food%20Affordability%20-%202024%20OCT%2016.pdf

4. Public Health Agency of Canada. (2025). How healthy are people in Canada? An indicators dashboard. Retrieved May 5, 2025, from https://health-infobase.canada.ca/health-of-people-in-canada-dashboard/

5. Ontario Agency for Health Protection and Promotion (Public Health Ontario). (2024). Snapshots data file for household food insecurity (2019 to 2023). Retrieved May 5, 2025, from https://www.publichealthontario.ca/en/Data-and-Analysis/Health-Equity/Household-Food-Insecurity

6. PROOF Food Insecurity Policy Research. (2025). New data on household food insecurity in 2024. https://proof.utoronto.ca/2025/new-data-on-household-food-insecurity-in-2024/

Health Starts Here

Housing

1. Dunn, J. R. (2020). Housing and health. International encyclopedia of human geography (2nd ed.). Elsevier. https://doi.org/10.1016/B978-0-08-102295-5.10483-1

2. Roy, M., Généreux, M., Laverdière, É., & Vanasse, A. (2014). Surveillance of social and geographic inequalities in housing-related issues: The case of the eastern townships, Quebec (Canada). International Journal of Environmental Research and Public Health, 11(5), 4825–4844. https://doi.org/10.3390/ijerph110504825

3. Phibbs, P., & Thompson, S. (2011). The health impacts of housing: Toward a policy-relevant research agenda (AHURI Final Report No. 173). Australian Housing and Urban Research Institute Limited. https://www.ahuri.edu.au/research/final-reports/173

4. Burris, S., Moran-McCabe, K., Prood, N., Blankenship, K. M., Corbett, A., Gutman, A., & Saxon, B. (2019). A vision of health equity in housing (Temple University Legal Studies Research Paper No. 2019-35). SSRN. https://ssrn.com/abstract=3480628

5. Swope, C., Hernández, D., & Yoon, L. (2023, March 30). The four pillars of housing influencing health equity. National Collaborating Centre for Environmental Health. https://ncceh.ca/resources/blog/four-pillars-housing-influencing-health-equity

6. Donaldson, J., Wang, D., Escamilla, C., & Turner, A. (2025). Municipalities under pressure: The human and financial cost of Ontario's homelessness crisis. HelpSeeker.

7. CSWBP Homelessness Response Steering Committee. (2024, April 29). Housing individuals and families in Grey & Bruce. Grey County. https://www.grey.ca/news/cswbp-homelessness-response-steering-committee-housing-individuals-and-families-grey-bruce

8. Raphael, D., Bryant, T., Mikkonen, J., & Raphael, A. (2020). Social determinants of health: The Canadian facts. Ontario Tech University Faculty of Health Sciences & York University School of Health Policy and Management. https://thecanadianfacts.org/

9. Bruce County. (2024). Staff report to council for information. https://pub-brucecounty.escribemeetings.com/filestream.ashx?DocumentId=34180

10. Grey County. (2024). Community housing waitlist review – 2024. https://pub-grey.escribemeetings.com/filestream.ashx?DocumentId=6106

Social Connections

1. Ministry of Health and Long-Term Care. (2017). 2017 annual report of the Chief Medical Officer of Health of Ontario: Connected communities healthier together. https://www.ontario.ca/page/2017-annual-report-chief-medical-officer-health-ontario

2. Centers for Disease Control and Prevention. (2024, May 15). Health effects of social isolation and loneliness. https://www.cdc.gov/social-connectedness/risk-factors/index.html

3. Grey Bruce Public Health. (2022). Health status report: Part 1 2019/2020. Grey Bruce Public Health. https://www.publichealthgreybruce.on.ca/Portals/1/Documents/Reports/2020%20health%20status%20report%20-%20Part%201.pdf

4. Raphael, D., Bryant, T., Mikkonen, J., & Raphael, A. (2020). Social determinants of health: The Canadian facts (2nd ed.). Ontario Tech University Faculty of Health Sciences & York University School of Health Policy and Management. https://thecanadianfacts.org/The_Canadian_Facts-2nd_ed.pdf

5. Registered Nurses' Association of Ontario. (2021). Promoting 2SLGBTQI+ health equity. https://rnao.ca/bpg/guidelines/promoting-2slgbtqi-health-equity

Health Starts Here

Access to Health Services

1. Raphael, D., Bryant, T., Mikkonen, J., & Raphael, A. (2020). Social determinants of health: The Canadian facts (2nd ed.). Ontario Tech University Faculty of Health Sciences & York University School of Health Policy and Management. https://thecanadianfacts.org/The_Canadian_Facts-2nd_ed.pdf

2. Human Environments Analysis Laboratory. (2016). Understanding health inequities and access to primary care in the South West LHIN. https://theheal.ca/wp-content/uploads/2022/08/SouthWestLHIN_PCPReport_2016_09_08.pdf

3. Sibley, L. M., & Weiner, J. P. (2011). An evaluation of access to health care services along the rural-urban continuum in Canada. BMC Health Services Research, 11, Article 20. https://doi.org/10.1186/1472-6963-11-20

4. World Health Organization. (2014). Health literacy toolkit for low- and middle-income countries: A series of information sheets to empower communities and strengthen health systems. World Health Organization, Regional Office for South-East Asia. https://www.who.int/publications/i/item/9789290224754

5. Grey Bruce Public Health. (2022). Health status report: Part 1 2019/2020. https://www.publichealthgreybruce.on.ca/Portals/1/Documents/Reports/2020%20health%20status%20report%20-%20Part%201.pdf

6. Public Health Ontario. (2024). Emergency department visits for oral health conditions snapshot. Retrieved June 5, 2025, from https://www.publichealthontario.ca/en/data-and-analysis/health-behaviours/oral-health-ed

Physical Environment

1. Raphael, D. (Ed.). (2016). Social determinants of health: Canadian perspectives (3rd ed.). Canadian Scholars' Press. https://canadianscholars.ca/book/social-determinants-of-health-3rd-edition/

2. World Health Organization. (2024, March 19). Urban health. https://www.who.int/health-topics/urban-health/

3. Green, M. (2024, September). Action still needed on health disparities affecting rural and remote communities. Canadian Family Physician, 70(9), 597. https://www.cfp.ca/content/70/9/597

Disability

1. Thompson, W. W., Zack, M. M., Krahn, G. L., Andresen, E. M., & Barile, J. P. (2012). Health-related quality of life among older adults with and without functional limitations. American Journal of Public Health, 102(3), 496–502. https://doi.org/10.2105/AJPH.2011.300500

2. Raphael, D. (Ed.). (2016). Social determinants of health: Canadian perspectives (3rd ed.). Canadian Scholars' Press. https://canadianscholars.ca/book/social-determinants-of-health-3rd-edition/

3. Statistics Canada. (2023, December 1). Canadian Survey on Disability, 2017 to 2022. Retrieved June 5, 2025, from https://www150.statcan.gc.ca/n1/daily-quotidien/231201/dq231201b-eng.htm

Health Starts Here

Indigenous Ancestry

1. Raphael, D., Bryant, T., Mikkonen, J., & Raphael, A. (2020). Social determinants of health: The Canadian facts (2nd ed.). Ontario Tech University Faculty of Health Sciences & York University School of Health Policy and Management. https://thecanadianfacts.org/The_Canadian_Facts-2nd_ed.pdf

2. Loppie, C., & Wien, F. (2022). Understanding Indigenous health inequalities through a social determinants model. National Collaborating Centre for Indigenous Health. https://www.nccih.ca/Publications/Lists/Publications/Attachments/10373/Health_Inequalities_EN_Web_2022-04-26.pdf

3. Ontario Ministry of Health and Long-Term Care. (2018). Relationships with Indigenous communities guideline, 2018. Queen's Printer for Ontario. https://files.ontario.ca/moh-guidelines-relationship-with-indigenous-communities-guideline-en-2018.pdf

4. Indigenous Primary Health Care Council. (2025). First Nation, Inuit, and Métis community engagement guide for public health agencies. https://iphcc.ca/post_resources/first-nation-inuit-and-metis-community-engagement-guide-for-public-health-agencies/

Gender

1. World Health Organization. (n.d.). Gender and health. Retrieved June 5, 2025, from https://www.who.int/health-topics/gender

2. Raphael, D., Bryant, T., Mikkonen, J., & Raphael, A. (2020). Social determinants of health: The Canadian facts (2nd ed.). Ontario Tech University Faculty of Health Sciences & York University School of Health Policy and Management. https://thecanadianfacts.org/The_Canadian_Facts-2nd_ed.pdf

3. Canadian Psychological Association. (2022). Promotion of gender diversity and expression and prevention of gender-related hate and harm [Position statement]. https://cpa.ca/docs/File/Position/Gender%20Diversity%20Report%20EN%202023%20Final.pdf

4. Raphael, D. (Ed.). (2016). Social determinants of health: Canadian perspectives (3rd ed.). Canadian Scholars' Press. https://canadianscholars.ca/book/social-determinants-of-health-3rd-edition/

Race

1. Raphael, D., Bryant, T., Mikkonen, J., & Raphael, A. (2020). Social determinants of health: The Canadian facts (2nd ed.). Ontario Tech University Faculty of Health Sciences & York University School of Health Policy and Management. https://thecanadianfacts.org/The_Canadian_Facts-2nd_ed.pdf

2. Raphael, D. (Ed.). (2016). Social determinants of health: Canadian perspectives (3rd ed.). Canadian Scholars' Press. https://canadianscholars.ca/book/social-determinants-of-health-3rd-edition/

3. National Collaborating Centre for Determinants of Health. (2018). Let's talk: Racism and health equity (Rev. ed.). St. Francis Xavier University. https://nccdh.ca/images/uploads/comments/Lets-Talk-Racism-and-Health-Equity-EN.pdf

4. National Collaborating Centre for Determinants of Health. (n.d.). Glossary of essential health equity terms. Retrieved May 5, 2025, from https://nccdh.ca/resources/glossary/

Immigration

1. Raphael, D., Bryant, T., Mikkonen, J., & Raphael, A. (2020). Social determinants of health: The Canadian facts (2nd ed.). Ontario Tech University Faculty of Health Sciences & York University School of Health Policy and Management. https://thecanadianfacts.org/The_Canadian_Facts-2nd_ed.pdf

Intersectionality and Call to Action

`1. Crenshaw, K. W. (1989). Demarginalizing the intersection of race and sex: A Black feminist critique of antidiscrimination doctrine, feminist theory and antiracist politics. University of Chicago Legal Forum, 1989(1), 139–167.

2. Government of Canada. (2025). Government of Canada's approach to Gender-based Analysis Plus. https://www.canada.ca/en/women-gender-equality/gender-based-analysis-plus/government-approach.html

3. Ontario Human Rights Commission. (n.d.). An introduction to the intersectional approach. Retrieved May 5, 2025, from https://www3.ohrc.on.ca/en/intersectional-approach-discrimination-addressing-multiple-grounds-human-rights-claims/introduction

4.Population Health Alliance. (2021). Social determinants of health – Taking action [Issue brief]. Population Health Alliance. https://populationhealthalliance.org/wp-content/uploads/2021/11/2021-SDOH-Issue-Brief_FINAL_Nov22.pdf

5.World Health Organization. (1986, November 21). Ottawa Charter for Health Promotion: An International Conference on Health Promotion. https://www.canada.ca/en/public-health/services/health-promotion/population-health/ottawa-charter-health-promotion-international-conference-on-health-promotion.html