

A Health Profile of Immigrants in Ontario

Health Analytics Branch, Health System Information Management and Investment Division

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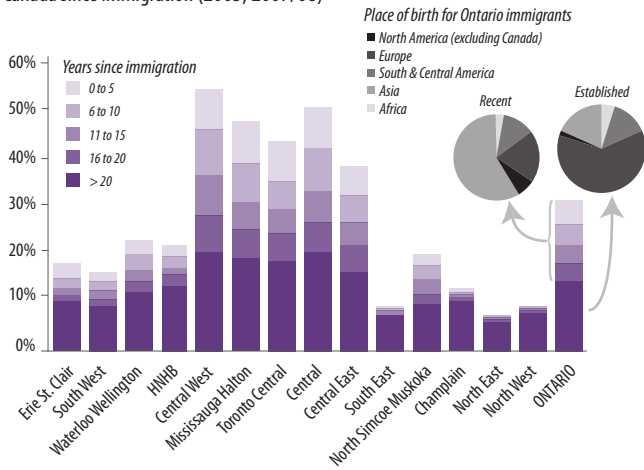
Introduction

This profile highlights immigrant health using provincial-level findings from Statistics Canada’s Canadian Community Health Survey (CCHS). It compares self-perceived health, risk factors, use of services, and chronic conditions among immigrants and the Canadian-born population. The analysis is based on data from the combined 2005 and 2007/08 CCHS for the Ontario population age 12 and over (unless otherwise stated). The total sample size for this combined data file is 81,286 respondents (16,443 of whom are immigrants). Local Health Integration Network (LHIN) level analysis, provided in an accompanying spreadsheet, allows LHINs to profile their individual immigrant populations.

Ontario’s Immigrant Population

According to CCHS data, immigrants comprised 30.9% of Ontario’s population in the 2005-08 time period (see Figure 1). Approximately 8% of the population had immigrated within the past 10 years, another 8% within the past 10-20 years, and the remaining 14% immigrated over 20 years ago. Although the term ‘recent’ immigrant often refers to those who have immigrated within the past five or 10 years, this category is a very small proportion of the overall population in most LHINs (see Figure 1).

Figure 1: Immigrants by Local Health Integration Network and length of time in Canada since immigration (2005, 2007/08)



To ensure an adequate sample size that would allow for LHIN level analysis and to be able to provide useful information for all LHIN areas, we categorized all immigrants who had lived in Canada for 20 years or less as **recent immigrants**. Those that had lived in Canada for more than 20 years were defined as **established immigrants**. Because of this definition, established immigrants are, by

Key Findings

- Immigrants were significantly less likely than the Canadian-born population to report that their perceived health or mental health was very good or excellent.
- Recent immigrants were less likely to report having a chronic condition, compared with the Canadian-born population.
- The Canadian-born population was significantly more likely than immigrants to report some risk factors that relate to health, including smoking, heavy drinking, and obesity.

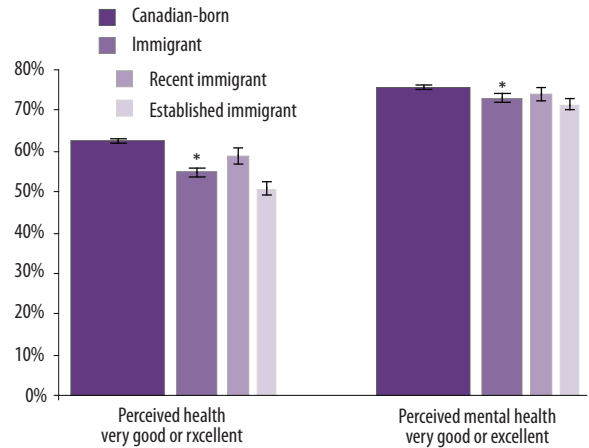
nature, older than recent immigrants. This should be kept in mind when interpreting the results in this report. There were several key findings to note from our analysis of the immigrant population:

- The proportion of immigrants ranged from 7.1% in the North East LHIN to 53.7% in the Central West LHIN.
- The majority of recent immigrants were from Asia, whereas most established immigrants originated from Europe.

Overall Health and Mental Health

The Canadian-born population was significantly more likely to have reported their health and mental health as very good or excellent compared with the immigrant population (see Figure 2).

Figure 2: Self-perceived health and mental health, Ontario (2005, 2007/08)ⁱ



ⁱ Width of the bars is representative of the population size for each group being shown.
* Significantly different from the Canadian-born average based on assessment of 95% confidence intervals.

Preventive Care

Based on the CCHS analysis, compared with the Canadian-born population, immigrants were:

- Significantly more likely to have had contact with medical professionals at least once in the past year and to have had a flu shot in the past year.
- Significantly less likely to have been screened for cervical cancer within the past three years (women age 18-69).

Table 1: Preventive care (%) among Canadian-born and immigrant population, Ontario (2005, 2007/08)

	Canadian-born	Immigrant	Recent Immigrant	Established Immigrant
Flu shot (last 12 months)	38.6 (±0.6)	42.1* (±1.2)	34.6 (±1.7)	51.0 (±1.6)
Mammogram (last 2 years; females 50-69)	73.6 (±1.3)	74.0 (±2.5)	64.6 (±6.7)	77.0 (±2.5)
Pap smear (last 3 years; females 18-69)	77.6 (±0.8)	69.8* (±1.7)	64.9 (±2.5)	76.5 (±2.1)
Contact with medical professionals (last year)	81.2 (±0.5)	84.1* (±0.8)	80.6 (±1.3)	88.1 (±0.9)
Regular medical doctor	90.9 (±0.3)	90.8 (±0.7)	87.6 (±1.1)	94.5 (±0.7)

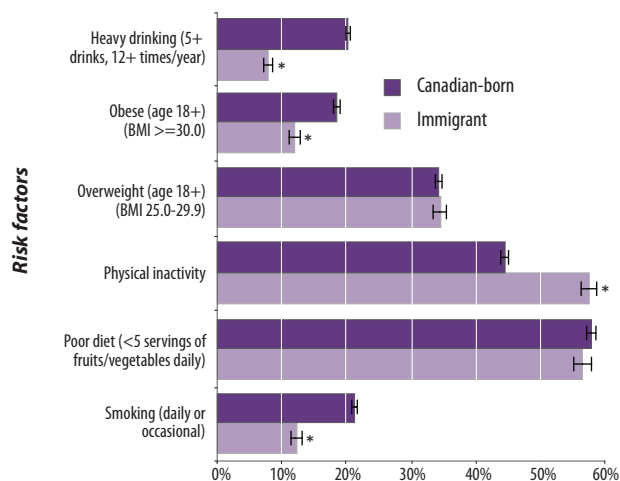
* Significantly different from the Canadian-born average based on assessment of 95% confidence intervals.

Risk Factors

According to the CCHS, when compared with the Canadian-born population, the immigrant population reported:

- Significantly lower prevalence rates of heavy drinking, obesity, and smoking.
- Significantly higher prevalence rates of physical inactivity.

Figure 3: Prevalence of selected risk factors, Canadian-born and immigrant population, Ontario (2005, 2007/08)



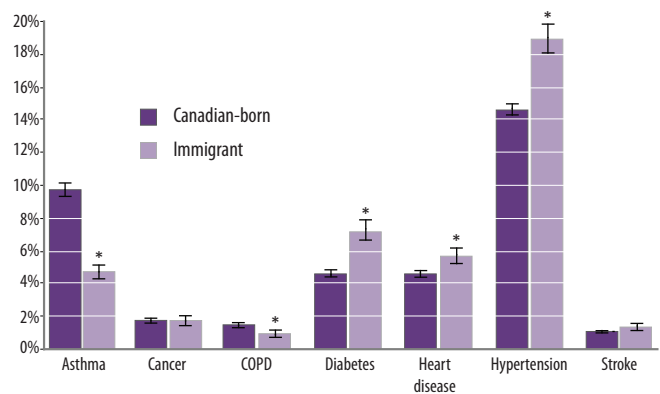
* Significantly different from the Canadian-born average based on assessment of 95% confidence intervals.

Selected Chronic Conditions

Among the selected chronic conditions examined in the CCHS (see Figure 4), compared with the Canadian-born population immigrants were:

- Significantly more likely to report having diabetes, heart disease, or hypertension.
- Significantly less likely to report having asthma or chronic obstructive pulmonary disease (COPD).

Figure 4: Prevalence of selected chronic conditions, Canadian-born and immigrant population, Ontario (2005, 2007/08)



* Significantly different from the Canadian-born average based on assessment of 95% confidence intervals.

When examining prevalence of chronic conditions among immigrant groups, it is important to note differences in age structure. According to the 2005-2007/08 CCHS, the average age of the Canadian-born population was 40.9, compared to 46.8 for immigrants. As the prevalence of most chronic conditions increases with age, these differences can play a role when looking at overall health status.

It is also important to note that the LHIN level social and demographic information derived from CCHS analysis included in the accompanying spreadsheet may differ from similar analyses of Canadian Census data.

Methodology: The current analysis combines the 2005 (Cycle 3.1) and 2007/08 (Cycle 4.1) of the Canadian Community Health Survey (Ministry of Health and Long-Term Care Share Files) to increase the sample size. Bootstrapping techniques were used to produce the coefficient of variation (CV) and 95% confidence intervals (CIs). Detailed methodology notes can be found in the associated spreadsheet. Information about the Canadian Community Health Survey can be found at <http://www.statcan.gc.ca/cgi-bin/imdb/p2SV.pl?Function=getSurvey&SDDS=3226&lang=en&db=imdb&adm=8&dis=2>

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