



Identifying and addressing disparities in chronic disease among immigrants in Canada: *Evidence for policy development*

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Background to CCDPC/PHAC work in immigrant health assessment:

- An increasing number of Canadians are not Canadian-born (18.4% in 2001).
- In 2001, HC identified lack of data on the health of Canadian immigrants, particularly certain subgroups of immigrants
- Canadian Institutes for Health Research and Canadian Population Health Initiative identified funding focus on vulnerable populations, including immigrants
- Evidence of differential rates of certain cancers, diabetes, CVD by ethnicity lead to initialization of projects
- Results can lead to better public health and migration policies and programs



CCDPC/PHAC Immigrant Health Assessment Overall Project Goal and Objectives:

Goal

- To produce a comprehensive picture of the health and health service use (HSU) of immigrant populations in Canada.
 - To inform multilevel policies & programs aimed at improving health and access to health services among Canadian immigrants

Objectives

- To determine whether disparities in health and access to health care exist between immigrant subgroups & compared to Canada overall.
- To develop immigrant health surveillance methodologies and systems



Methodology: A Linkage Follow-Up Study

Record linkages (under strict confidentiality agreements) were used to obtain longitudinal health data on the cohort of immigrants arriving to BC, ON and QC between 1985 – 2000 ($n=2\ 713\ 676$).

Immigration data from Citizenship and Immigration Canada were linked to provincial health services data:

- **Physician Claims**
- **Hospital Discharge Data**

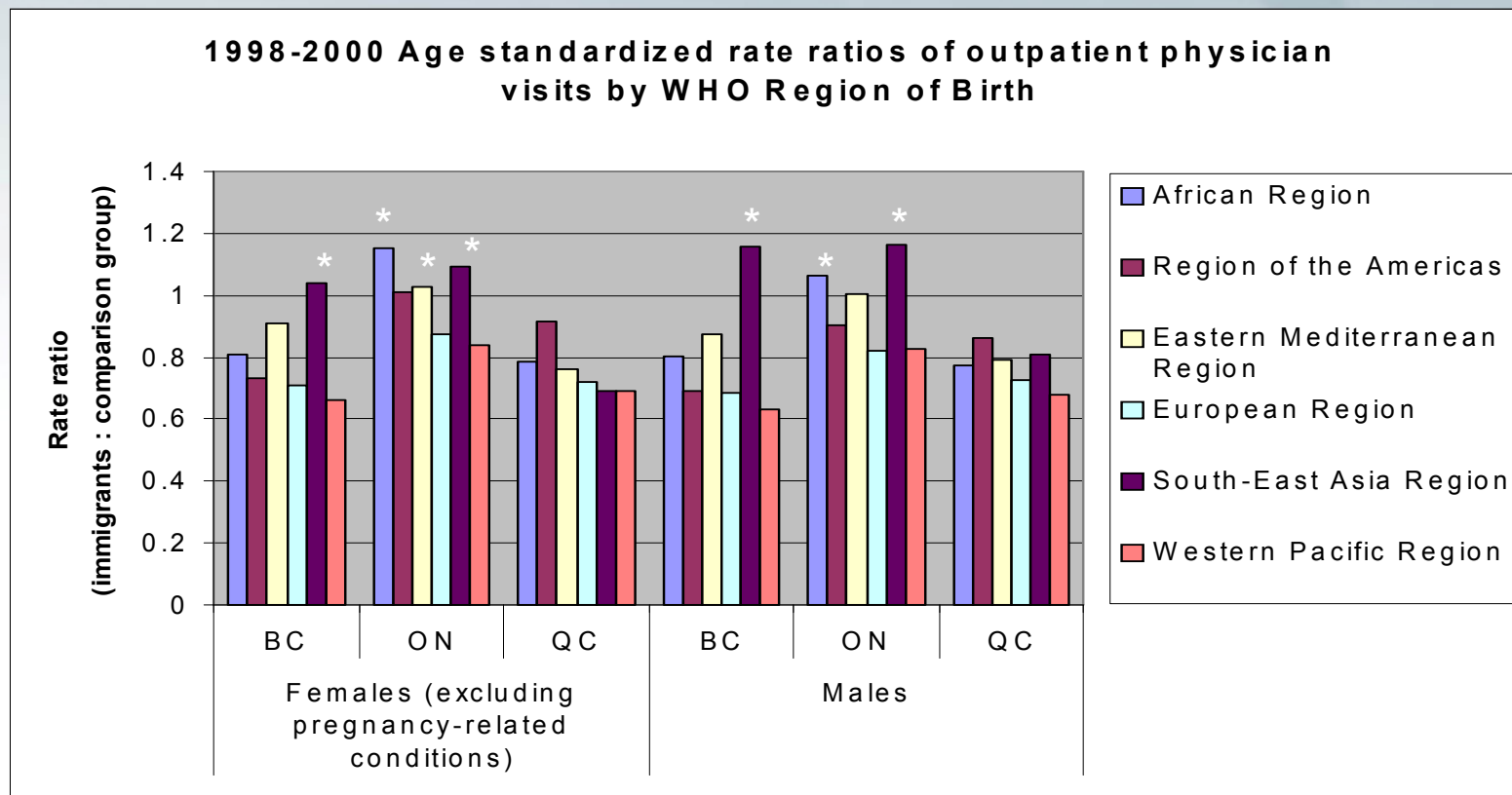
Age standardized rates of health service use for the period 1998-2000 were calculated for :

1. Immigrants and immigrant subgroups (by immigrant type such as refugees, time in Canada, country of origin, etc..)
2. “Non-immigrants” (i.e. comparison group matched on sex, age and administrative health region of residence at time of landing, selected from Canadian-born and pre-1985 immigrants I.e. non-recent immigrants)

The rates were then compared using rate ratios.



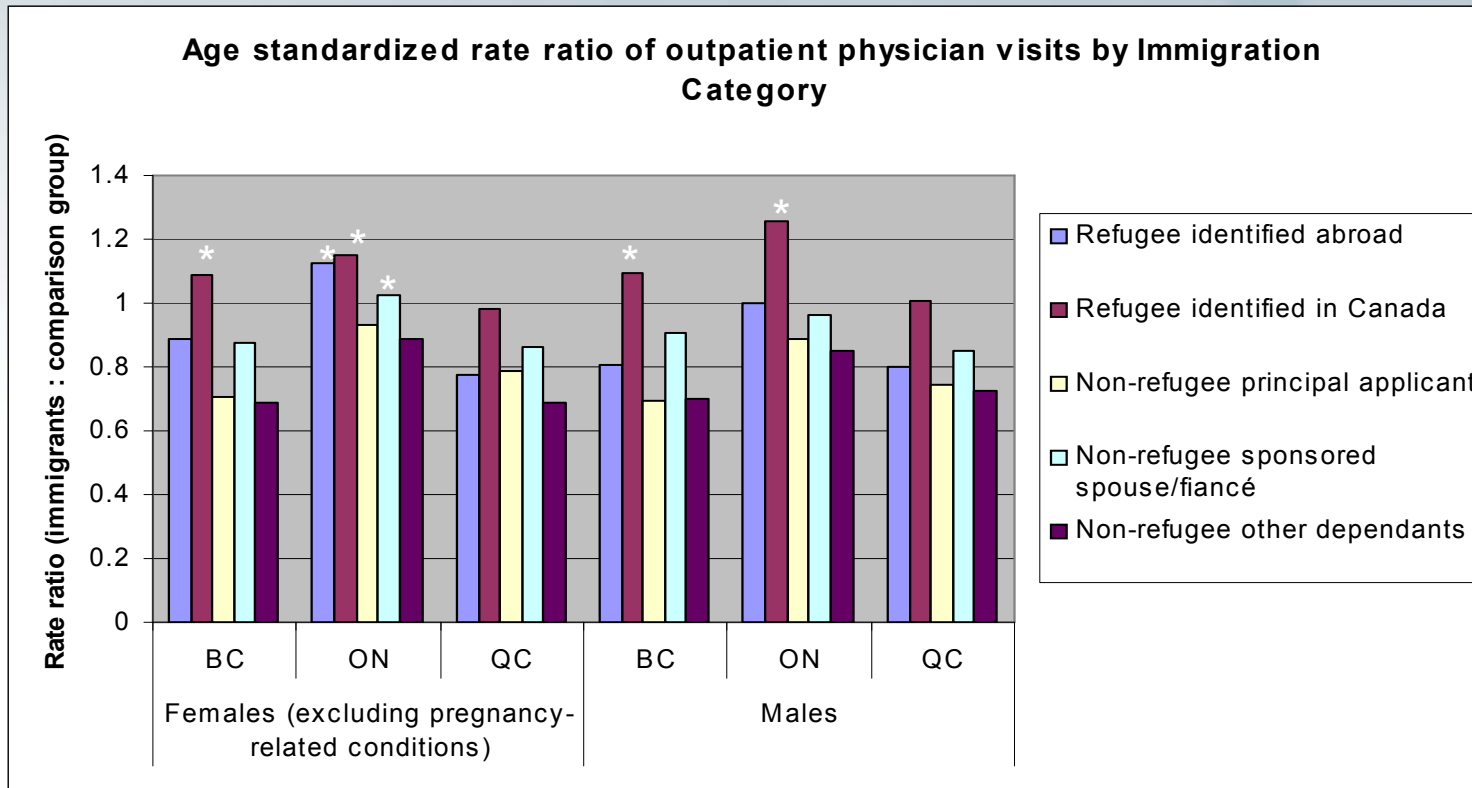
Immigrants form a very diverse group: HSU by WHO Region of Birth



•Hospital discharge rate ratios are consistently lower than or equal to 1 when examined by WHO region of birth for men and for women, after exclusion of pregnancy-related conditions.



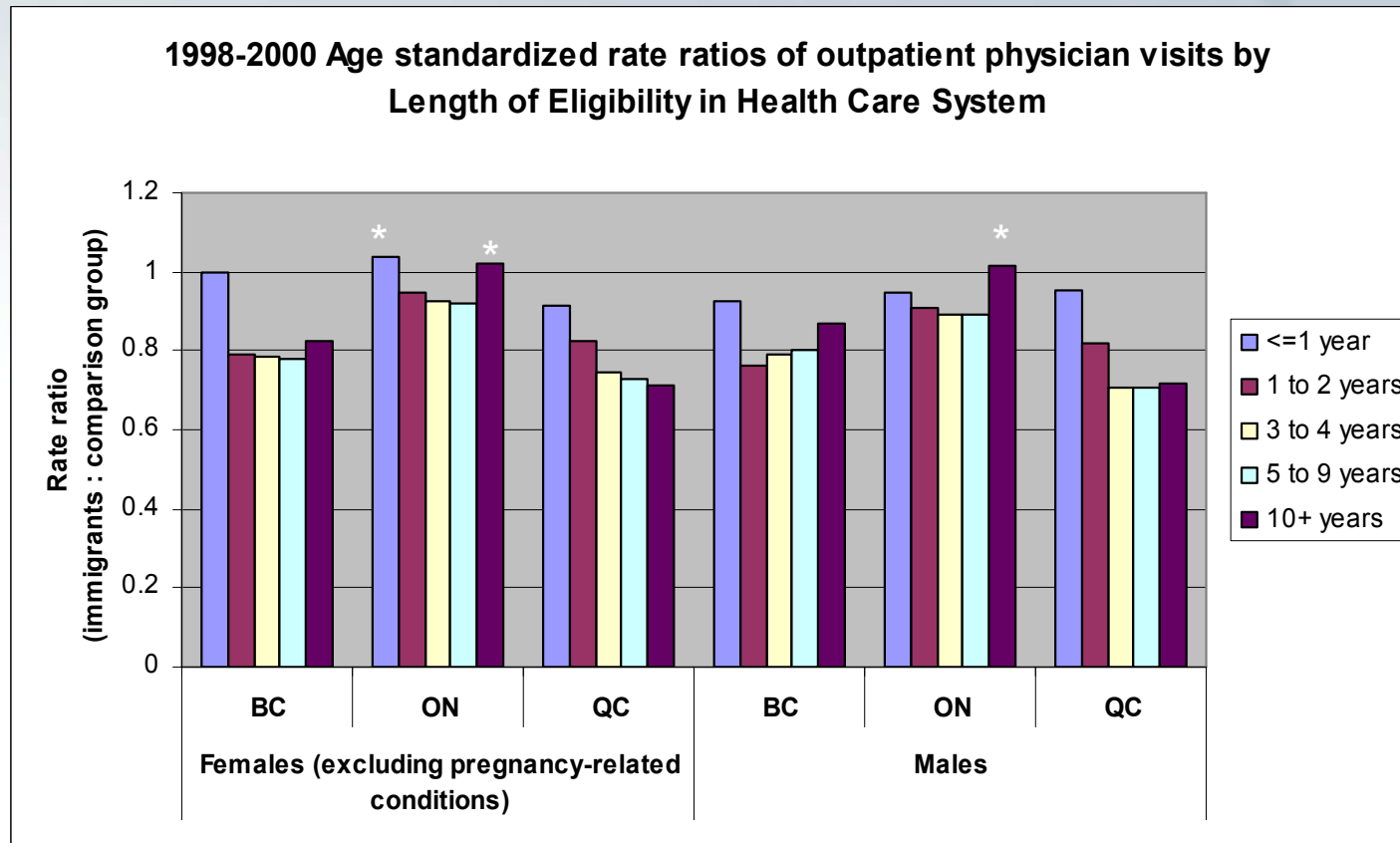
HSU by Immigration Category



• Similar trends are found with acute hospital discharges, although ratios are still significantly less than 1.



HSU by Length of Eligibility in Health System



NB: Due to a waiting period in both BC and ON, the first 3 months after landing date have been excluded from observation time in these provinces. During the study period, QC did not have a 3-month waiting period. RRs for acute hospital discharges are all significantly less than 1.



Preventive Services

Analysis of visits to physicians for general physical exam, immunization, and screening (pap smears and colorectal cancer screening) are being conducted and refined.

Preliminary findings:

Rate ratios of outpatient physician visits for specific preventive services		
	Females	Males
Quebec		
Healthy pregnancy visit	+	-
Gynecologic check-up	=	-
Ontario		
Well Baby Care	-	-
Annual health exam, adolescent/adult	+	+
Family planning, contraceptive advice	+	-
Immunization - all types	+	+
British Columbia		
Pap smear/Check-up	-	-



Recent literature review conducted on chronic disease (Ilene Hyman)

Goal

- To update 2001 review, with a focus on chronic disease
- To identify research gaps and future research directions

Methodology

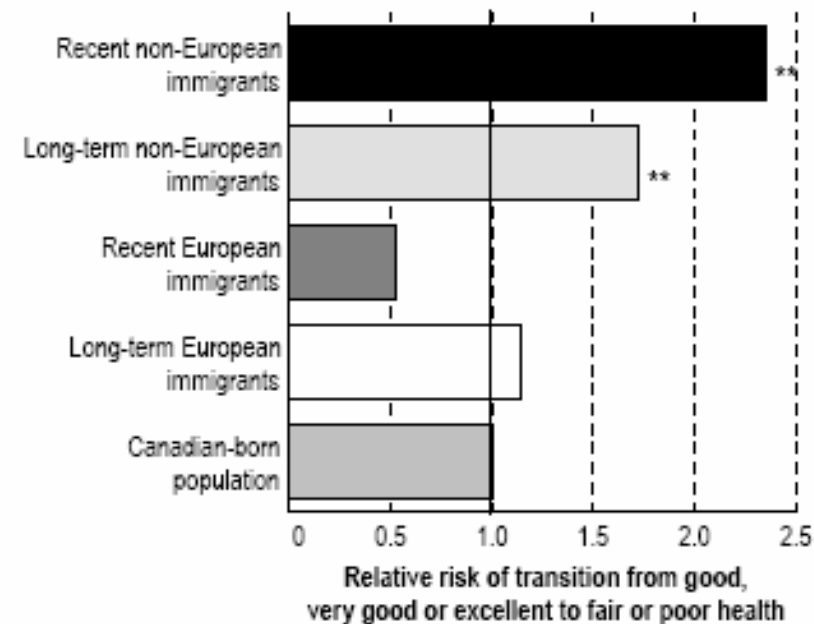
- Two Medline searches, 2001-2006 literature, supplemented by a search of relevant websites (Metropolis, Centres of excellence in women's health) and queries to Canadian researchers working in the area.



Health Status

- Most studies report a decline in self-assessed health over time, esp. among recent, non-European immigrants

Non-European immigrants were more likely than the Canadian-born to report a deterioration in health



Data source: 1994/95 to 2002/03 National Population Health Survey, longitudinal file.

Note: Analysis, based on individuals reporting good, very good or excellent health in 1994/95; controls for age, sex, income adequacy, education, smoking, inactive leisure, social support/social involvement and body mass index in 1994/95.

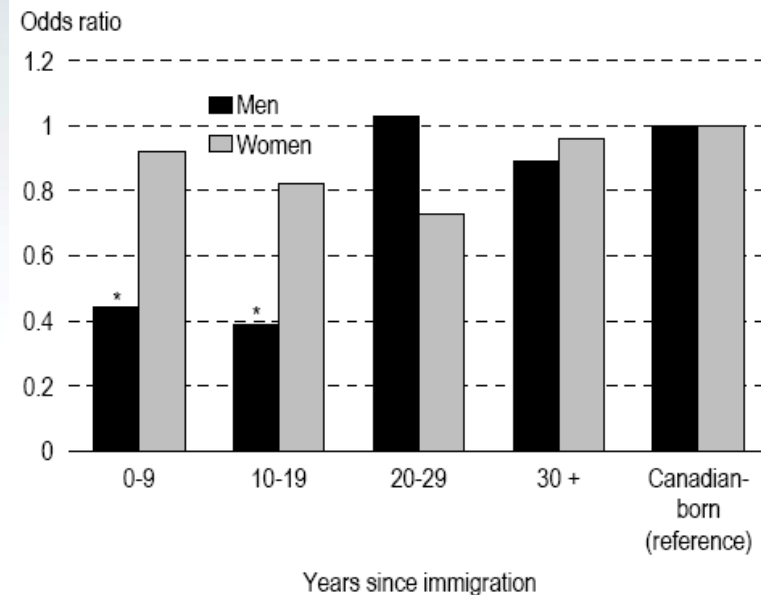
** Significantly different from estimate for Canadian-born ($p < 0.01$).



Cardiovascular Disease and time in Canada

- Heart disease, lower among recent immigrant men than among Cdn-born men
- Hypertension lower among recent Asian immigrants, but higher among later cohorts (Kaplan – 96/7 NPHS)

Odds ratios for heart disease, by sex and years since immigration, adjusted for age, education, and income



Data source: 2000/01 Canadian Community Health Survey
* Significantly different from the reference category ($p < 0.05$).

Ref: Perez 2002.



Summary and Research gaps (ref I. Hyman)

- Overall, healthy immigrant effect still apparent, however not equivalent for all immigrant subgroups or consistent over time
- Given above, need to review/research **determinants of immigrant health**
- Need to simultaneously explore effects of gender, ethnicity and time in host country
- Need to explore possible role of genetic predisposition as well as environmental / social acculturative factors among immigrant groups versus native populations and non-immigrants in remaining in source countries



Recent literature review conducted on clinical/preventive guidelines for immigrant health

(Kevin Pottie et al.)

OBJECTIVES

- 1) To systematically search the medical literature, grey literature and internet for clinical preventive guidelines for immigrants and refugees.
- 2) To develop and pilot test an equity effectiveness tool to assess the applicability of existing guidelines to the population under study (immigrants, refugees, travelers visiting friends and relatives).
- 3) To make recommendations on a process to develop new guidelines.
- 4) To enhance and further develop partnerships between clinician and academic researchers and community-based groups working on health promotion with immigrants and refugee populations.

Methodology

- In-depth systematic review of available literature (including grey literature, internet) on clinical guidelines and best practices for preventive care and promotion of health among immigrant populations and subpopulations, including refugees.



Systematic review conclusions (ref K. Pottie):

- The Canadian and United States Task Forces on Preventive Care have developed a significant number of clinical preventive guidelines as tools to promote health and prevent illness or injuries for health professionals working within the clinical setting.
- These guidelines, and others found in our systematic search, however, do not effectively or equitably address the immigrant and refugee populations. In fact, preventive clinical health care for immigrants and refugees does not appear to be well supported by systematic evidence.
- We also found a small number of descriptive review articles that attempt to address the preventive health care for immigrants and refugees, but they do not provide sufficient evidence to support the suggestions and recommendations.



Three broad types of policy considerations:

- 1. Timely access to health care and services**
- 2. Culturally/linguistically/gender sensitive health interventions**
- 3. Long-term health interventions and practices, rather than focus solely on health at point of entry of immigrant**



Future Research to inform migration and health policy

1. Focus beyond description of health status of migrants to intervention research
2. Focus on health behaviours, health promotion, etc. (not just health care)
3. Consider immigrants as a diverse group
4. Inform on determinants of migrant health





Thank you!

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