VIVA! Health Project: Health Status Report

Portuguese-Canadian National Congress

October 3, 2006

11th International Metropolis Conference

Agenda

- **Health Status Report Objectives**

- **Population Health Approach**

- **What is Health?**

- **Determinants of Health**

- **Selected Determinants & Portuguese-Canadians**

- **Implications**

Health Status Report Objectives

- to inform the community about the health and wellbeing of the Portuguese-Canadian population in relation to key determinants of health;

- to inform the public, service providers and decision makers about the challenges and opportunities that exist in the path toward health; and

- to provide a base against which to measure improvements in the health and well-being of the Portuguese-speaking community in Canada.

VIVA! Health Project: Approach

- **Population Health Approach**
  - a comprehensive approach to health that **looks at and acts upon the broad range of factors and conditions that have a strong influence on our health** (Health Canada).

What is Health?

"Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity."

—Preamble to the Constitution of the World Health Organization
adopted by the International Health Conference, New York, 19-22 June 1946,
signed on 22 July 1946 by the representatives of 61 States
and entered into force on 7 April 1948

(www.who.int/about/definition/en)

Income &
Social **S**tatus

Social **S**upport
Networks

Education
& **L**iteracy

Culture

Physical
Environments

What Determines Health?

Gender

Social
Environments

Health **S**ervices

Employment &
Working **C**onditions

Healthy **C**hild
Development

Biology & **G**enetic
Endowment

Personal **H**ealth **P**ractices
& **C**oping **S**kills

Selected Social Determinants of Health

Employment   **Education**

Gender

Generation

Age

Culture

Social Environment

Income   **Health Services**
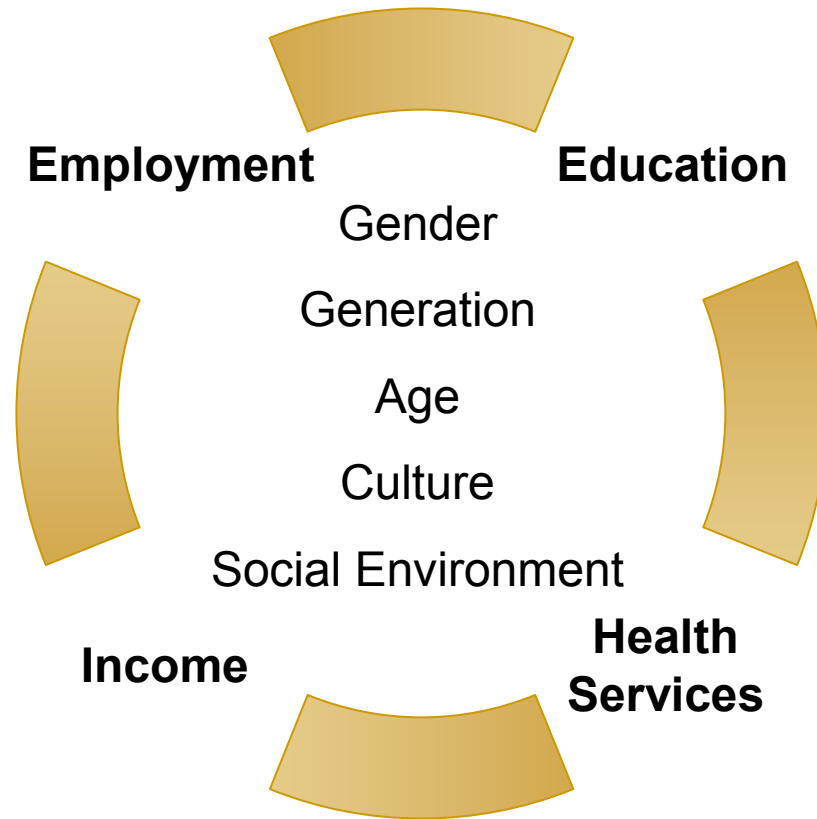
Immigration & Settlement Context

Canada	Total Immigrant & Non-Permanent Resident, 2001	Immigrant Population	Before 61	61-70	71-80	81-90	91-01	91-95	96-01
Portugal	155,770	153,535	10,775	44,590	55,400	31,990	10,785	7,905	2,875
Angola	2,470	1,785	10	40	615	450	670	245	425
Brazil	13,455	11,700	500	1,090	1,765	2,345	5,995	2,630	3,370
Cape Verde	325	320	0	10	110	95	115	100	15
East Timor	40	40	0	0	15	10	15	0	10
Guinea Bissau	50	25	0	0	10	10	10	10	0
Mozambique	890	865	10	30	380	255	185	115	65
Sao Tome & Principe	20	20	0	0	0	0	15	10	10
Total with POB data	5,647,125	5,448,480	894,465	745,565	936,275	1,041,495	1,830,680	867,355	963,325

2001 Canadian Census, Immigration Population and Period of Immigration

Social Determinant of Health: Income

- Single most important determinant of health

- Direct impact on other determinants of health

- Higher income = ability to purchase adequate housing, food, and other basic needs.

- Lower income = greater exposure to health risks, increased stress and loss of control over life circumstances (less choices)
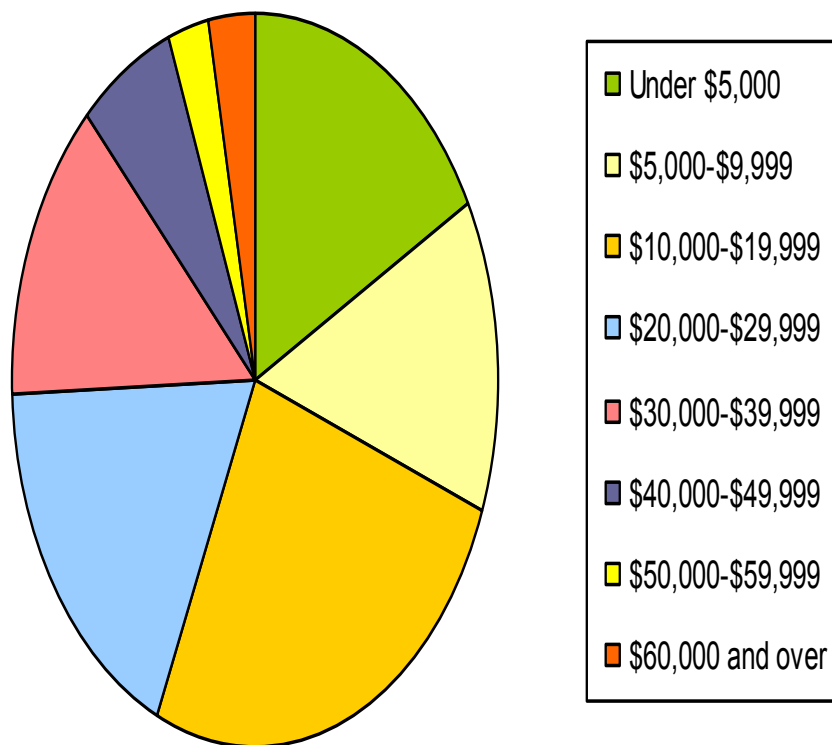
Income & Portuguese-Canadians

Income Characteristics	Total – s&m ethnic origin		Total Male – s & m ethnic origin		Total Female - s & m ethnic origin	
With income	258,990	-	131,190	-	127,805	-
Under $5,000	35,665	13.77%	13,905	10.60%	21,755	17.02%
$ 5,000 - $ 9,999	27,320	10.55%	9,595	7.31%	17,720	13.86%
$10,000 - $19,999	54,625	21.09%	21,790	16.61%	32,830	25.69%
$20,000 - $29,999	43,740	16.89%	21,015	16.09%	22,725	17.78%
$30,000 - $39,999	38,135	14.72%	21,015	16.09%	17,125	13.40%
$40,000 - $49,999	25,475	9.8%	17,240	13.14%	8,235	6.44%
$50,000 - $59,999	14,705	5.68%	11,200	8.54%	3,510	2.75%
$60,000 and over	19,330	7.46%	15,425	11.76%	3,900	3.05%
Average income $	26,884		32,901		20,707	
Median income $	22,285		29,432		16,564	

Income & Portuguese-Canadians

Female Income Distribution

- Under $5,000
- $5,000-$9,999
- $10,000-$19,999
- $20,000-$29,999
- $30,000-$39,999
- $40,000-$49,999
- $50,000-$59,999
- $60,000 and over

Male Income Distribution

- Under $5,000
- $5,000-$9,999
- $10,000-$19,999
- $20,000-$29,999
- $30,000-$39,999
- $40,000-$49,999
- $50,000-$59,999
- $60,000 and over
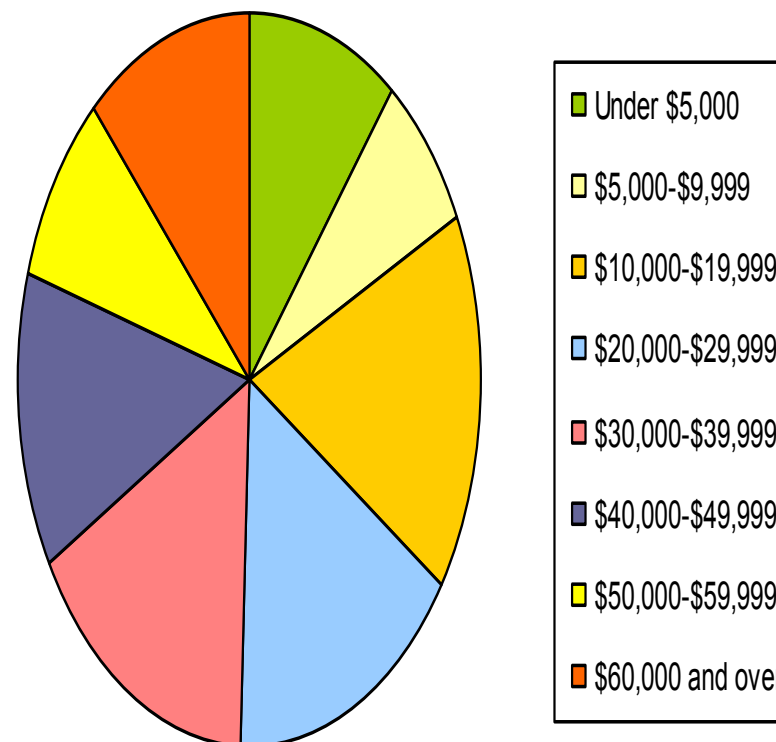
Social Determinant of Health: Employment & Working Conditions

- People who have more control over their work circumstances and have fewer stress related demands on their job tend to be healthier.

- Health suffers with little opportunity to use skills and low decision making authority.

- Unemployment, underemployment, stressful and unsafe working conditions are linked to poor health.

Employment & Portuguese-Canadians

Top 5 Occupations, Portuguese-Canadian Men	%
1. Manufacturing	21.82
2. Construction	21
3. Retail Trade	9.23
4. Administrative and support, waste management and remediation services	6.48
5. Accommodation & Food Services	5.78

Employment & Portuguese-Canadians

Top 5 Occupations, Portuguese-Canadian Women	%
1. Manufacturing	15.56
2. Retail Trade	14.09
3. Health Care & Social Assistance	12.47
4. Finance & Insurance	8.85
5. Accommodation & Food Services	8.19

Social Determinant of Health: Education & Literacy

- Related to income and social status

- Education equips people with knowledge and problem solving skills, increases sense of control over life.

- People with higher education have better access to healthy physical and social environments, have access to greater resources and information to make healthier choices and have been shown to smoke less, eat better, and are more physically active.

- Canadians with low literacy skills are more likely to be unemployed, under-employed, have higher rates of premature mortality and premature morbidity

Education, Literacy & Portuguese-Canadians

- 48% of Portuguese-Canadians have less than a high school diploma.

- 7.8% of Portuguese-Canadians have a university degree.

- 73% of Portuguese immigrants aged 16-45, and 92% of those aged 46-69 are defined as having 'low literacy levels' (Ontario Ministry of Training, Colleges and Universities, 2000).

- Low literacy rates among Canadian-born residents for both age ranges are 26% and 62% respectively (Ontario Ministry of Training, Colleges and Universities, 2000).

Social Determinant of Health: Health Services

- Health services range from a broad array of treatment based and prevention and promotion activities.

- Barriers to accessing health services are often related to the broader social context

- Barriers
  - Language barriers
  - Literacy skills
  - Cultural norms and practices
  - Discrimination and stigmatizing attitudes
  - Service fees and waiting lists

Health Services & Portuguese-Canadians

- Services concentrated in ethnic enclave

- 68% of Portuguese-Canadian community 1st generation, with low literacy skills

- Dependence of first generation (seniors) on 2nd and 3rd generation to navigate healthcare system, especially in translation

- Low literacy and access to health information

Broader Implications/Recommendations

Community Specific:

- Though an older immigrant community, there remains structural barriers to inclusion.
- Population aging and implications for resource allocation.
- Namely a white community that experiences white privilege, also certain contexts where racialized.
- Require diverse models of service delivery and information dissemination to address all members.
- Social service agencies must implement a DADT policy so undocumented workers can access (health) services.

Broader Implications:

- Need to develop policies that look at health in a broader context.
- DOH are all interrelated and require significant collaboration among all sectors.
- Energy must be re-channelled toward the social and economic structures that create inequity.