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)
What Determines Health?
Selected Social Determinants of Health

- Employment
- Education
  - Gender
  - Generation
  - Age
  - Culture
- Income
- Health Services
- Social Environment
## Immigration & Settlement Context

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

*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

<table>
<thead>
<tr>
<th>Income Characteristics</th>
<th>Total – s&amp;m ethnic origin</th>
<th>Total Male – s &amp; m ethnic origin</th>
<th>Total Female - s &amp; m ethnic origin</th>
</tr>
</thead>
<tbody>
<tr>
<td>With income</td>
<td>258,990</td>
<td>131,190</td>
<td>127,805</td>
</tr>
<tr>
<td>Under $5,000</td>
<td>35,665</td>
<td>13,905</td>
<td>21,755</td>
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<tr>
<td>$ 5,000 - $9,999</td>
<td>27,320</td>
<td>9,595</td>
<td>17,720</td>
</tr>
<tr>
<td>$10,000 - $19,999</td>
<td>54,625</td>
<td>21,790</td>
<td>32,830</td>
</tr>
<tr>
<td>$20,000 - $29,999</td>
<td>43,740</td>
<td>21,015</td>
<td>22,725</td>
</tr>
<tr>
<td>$30,000 - $39,999</td>
<td>38,135</td>
<td>21,015</td>
<td>17,125</td>
</tr>
<tr>
<td>$40,000 - $49,999</td>
<td>25,475</td>
<td>17,240</td>
<td>8,235</td>
</tr>
<tr>
<td>$50,000 - $59,999</td>
<td>14,705</td>
<td>11,200</td>
<td>3,510</td>
</tr>
<tr>
<td>$60,000 and over</td>
<td>19,330</td>
<td>15,425</td>
<td>3,900</td>
</tr>
<tr>
<td>Average income $</td>
<td>26,884</td>
<td>32,901</td>
<td>20,707</td>
</tr>
<tr>
<td>Median income $</td>
<td>22,285</td>
<td>29,432</td>
<td>16,564</td>
</tr>
</tbody>
</table>
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

<table>
<thead>
<tr>
<th>Top 5 Occupations, Portuguese-Canadian Men</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Manufacturing</td>
<td>21.82</td>
</tr>
<tr>
<td>2. Construction</td>
<td>21</td>
</tr>
<tr>
<td>3. Retail Trade</td>
<td>9.23</td>
</tr>
<tr>
<td>4. Administrative and support, waste management and remediation services</td>
<td>6.48</td>
</tr>
<tr>
<td>5. Accommodation &amp; Food Services</td>
<td>5.78</td>
</tr>
</tbody>
</table>
## Employment & Portuguese-Canadians

<table>
<thead>
<tr>
<th>Top 5 Occupations, Portuguese-Canadian Women</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Manufacturing</td>
<td>15.56</td>
</tr>
<tr>
<td>2. Retail Trade</td>
<td>14.09</td>
</tr>
<tr>
<td>3. Health Care &amp; Social Assistance</td>
<td>12.47</td>
</tr>
<tr>
<td>4. Finance &amp; Insurance</td>
<td>8.85</td>
</tr>
<tr>
<td>5. Accommodation &amp; Food Services</td>
<td>8.19</td>
</tr>
</tbody>
</table>
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 1\textsuperscript{st} generation, with low literacy skills
- Dependence of first generation (seniors) on 2\textsuperscript{nd} and 3\textsuperscript{rd} 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.