

For Information

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REPORT TITLE: **DESTINATION PEEL 2012: IMMIGRANT AND ETHNOCULTURAL HEALTH**FROM: Janette Smith, Commissioner of Health Services
David L. Mowat, MBChB, MPH, FRCPC, Medical Officer of Health**OBJECTIVE**

To provide an overview of the report "Destination Peel 2012: Immigrant and Ethnocultural Health".

REPORT HIGHLIGHTS

- The Region of Peel is a diverse community. Immigrants account for nearly half (49 per cent) of our population.
- Immigrants tend to arrive in Canada healthier than the Canadian-born population. However, the longer immigrants are in Canada, the more their health approaches that of the native-born population. This observation is called the 'healthy immigrant effect'.
- A person's ethnicity is also associated with their health status (e.g. health behaviours and health outcomes, life expectancy).
- Immigrants have longer life expectancy and lower mortality rates than the Canadian-born population.
- While the development of chronic disease is of concern for all Peel residents, the risk of developing certain chronic diseases is higher amongst some ethnic groups.
- Peel's immigrant population is at higher risk than the Canadian-born population of acquiring certain infectious diseases (e.g. tuberculosis, hepatitis B, vaccine preventable diseases) due to exposure to these diseases before immigration and the risk of re-exposure during travel back to their home country to visit family and friends.
- Immigrants and Canadian-born Peel residents would benefit from increasing their physical activity levels and fruit and vegetable consumption, quitting smoking and consuming lower levels of alcohol.
- In order to address the health needs and inequities in our diverse population, we must collect data on an ongoing basis including data on immigrant status and ethnicity.

DISCUSSION**1. Background**

Serving an ethnoculturally diverse community is one of the infrastructure priorities in Peel Public Health's strategic plan to improve the health status for all ethnocultural groups in Peel. In order to do this, it is important to understand the relationships between immigrant

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status, ethnicity and health outcomes so as to ensure that effective population-based interventions reach the right individuals or groups of individuals in Peel. The "Destination Peel 2012: Immigrant and Ethnocultural Health" report examines issues related to immigrant and ethnocultural health in Peel.

There has been a steady influx of immigrants to Canada over the past 100 years. Immigrants contribute in many ways to their new country. In addition to having a beneficial effect on population growth and the age distribution of the population, immigrants enhance cultural diversity and the exchange of perspectives while also contributing to the economic well-being of their country of destination.

Immigrants tend to arrive in their new country healthier than the native population. The longer they reside in their new country, the more their health approaches that of the native-born population. This observation is called the 'healthy immigrant effect'.

A person's ethnicity is also associated with their health status (e.g. health behaviours and health outcomes, life expectancy).

2. Findings

(a) About the Region of Peel

- Peel has a culturally diverse population and immigrants are an important part of the community. In 2006, immigrants comprised nearly half (49 per cent) of our population, a much higher percentage than that seen in Ontario (28 per cent) or Canada (20 per cent) as a whole.
- Peel's recent immigrant population tends to be younger and have lower income than non-immigrants. It is not known how long this income difference lasts.
- Overall, Peel's immigrant population is highly educated.

(b) Life Expectancy, Mortality and Birth Experiences

- Immigrants in Toronto and Peel aged 25 years and older can expect to live longer than their Canadian-born counterparts. The gap in life expectancy between immigrants and non-immigrants is greatest amongst those in the lowest income group.
- In Peel, the age-adjusted mortality rate is lower for immigrants (435.5 per 100,000 population) compared to non-immigrants (613.9 per 100,000).
- Immigrant mothers give birth to infants that weigh less than infants of non-immigrant mothers. The differences are greatest for mothers born in South Asia, but are also significant for mothers born in East Asia, the Caribbean, Africa and other regions. Due to these differences, babies born to immigrant mothers may be 'misclassified' as being small for their gestational age, when they may, in fact, be appropriately-sized for their ethnic background.

(c) Health Behaviours

- While all Peel residents have low levels of physical activity, leisure-time physical activity is more commonly reported by Canadian-born individuals (55 per cent) compared to recent (39 per cent) and long-term immigrants (37 per cent). This is observed in both adults and youth.
- Healthy eating, as measured by reported fruit and vegetable consumption, is observed to be poor in Peel regardless of ethnicity or immigrant status. In Peel, less

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than half of residents (48 per cent) consume fruits and vegetables five times per day or more often.

- The use of substances such as tobacco, alcohol and illicit drugs is less common among immigrants as a whole compared to the Canadian-born population.

(d) Chronic Diseases

- While the development of chronic disease is of concern for all Peel residents; the risk of developing certain chronic diseases is higher amongst some ethnic groups.
- Sixty per cent of Peel's population is overweight or obese. The prevalence of overweight and obesity varies by immigrant status and by ethnicity. Additionally, the distribution of body fat and its impact on health also varies by ethnicity. For example, South Asians tend to have increased rates of abdominal obesity which result in greater insulin resistance at body mass index levels classified as normal by Canadian standards.
- Approximately 10 per cent of Peel's population has diabetes. Diabetes is more prevalent among Peel's immigrant population compared to its Canadian-born population and is of particular concern among immigrants from South Asia, the Caribbean and Latin America.
- Cardiovascular diseases are a leading cause of death in Peel for both immigrants and non-immigrants. Certain ethnic groups such as South Asians have a higher risk of developing cardiovascular disease compared to some other ethnic groups.

(e) Communicable Diseases

- Peel's immigrant population is at higher risk than the Canadian-born population of acquiring certain infectious diseases (e.g. tuberculosis, hepatitis B, vaccine preventable diseases). Reasons include exposure to these diseases before immigration and the risk of re-exposure during travel back to their home country to visit family and friends.
- Although vaccine preventable diseases such as rubella and mumps are of concern for all Peel residents, they are of most concern for Peel immigrants and their families who travel to countries where these diseases are endemic. In particular, babies and young children who are not yet fully immunized are at high risk of certain vaccine preventable diseases when they travel with their parents to their countries of origin where vaccine preventable diseases may be endemic.

(f) Health Care Access and Use

- Participation in cancer screening programs varies by immigrant status and ethnicity in Peel. For example, mammography uptake is lowest among recent immigrant women aged 50 to 69 years compared to long-term immigrants and non-immigrant women.
- Recent immigrants have fewer yearly visits to a dentist (52 per cent) compared to non-immigrants (78 per cent).

(g) Newcomer Seniors

- Council has previously requested that staff report back on the number immigrant seniors living in Peel who have been in the country for less than five years.
- Data collected by Citizenship and Immigration Canada (CIC) demonstrates that only a small proportion of immigrants arrive in Peel when they are over the age of 65. For

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instance, 4,815 immigrants over the age of 65 entered Peel between 2006 and 2010. These 4,815 seniors represented just four per cent of the total number of immigrants that entered Peel over the same five year period (117,830).

- On average, 963 seniors enter Peel each year as new immigrants.

3. Future Outlook

- Peel Public Health will continue to analyze data by immigrant status and ethnicity where available.
- Peel Public Health will continue to work with relevant agencies and/or academic institutions to further understand differences by immigrant status and ethnicity in many of the health outcomes.
- Continued vigilance will be required by Peel Public Health in the prevention and control of communicable diseases, particularly those that are endemic in the countries from which Peel's residents have immigrated.
- We will continue to advocate for improvements in the collection of ethnocultural information in both internal and external data sources, in order to address significant gaps in the data needed to understand health outcomes and health behaviours by immigrant status and ethnicity.
- Peel Public Health's Epidemiology Unit continues to obtain data on a variety of health issues and to analyze them with respect to immigrant status and ethnicity. These data will be used to identify new program strategies and adjustments to existing programs which will improve their uptake and effectiveness in immigrant and diverse populations. The Program Planning and Evaluation Tool includes opportunities to insert information on immigration and diversity into the planning process.
- Data will be shared with partners (school boards, Peel Children and Youth Initiative, ethno-cultural service providers, etc.) to inform their priorities and programming. Further analyses can be provided upon request, and opportunities for future joint work will be sought.
- The information in the report will be made available in several formats, including a complete set of PowerPoint slides, from which staff can select in order to customize presentations for a full range of audiences.

CONCLUSION

Differences in health behaviours and health outcomes have been described by immigrant status and ethnicity throughout this report. Although immigrants tend to benefit from the healthy immigrant effect, there are also some health behaviours and outcomes that are less favourable for immigrants. In contrast, many health behaviours and health outcomes are of greater concern for the Canadian-born population.

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The profile of an immigrant to Peel has changed over time. In order to address the health inequities and needs in our diverse population, there is a need to collect data on an ongoing basis so as to assess and monitor the health status of Peel's population.



Janette Smith
Commissioner of Health Services



David L. Mowat, MBChB, MPH, FRCPC
Medical Officer of Health

Approved for Submission:



D. Szwarc, Chief Administrative Officer

For further information regarding this report, please contact Dr. Eileen de Villa at extension 2856 or via email at eileen.devilla@peelregion.ca

Authored By: Andrea James

c. Legislative Services