



## STAFF REPORT ACTION REQUIRED

### The Global City: Newcomer Health in Toronto

<b>Date:</b>	November 15, 2011
<b>To:</b>	Board of Health
<b>From:</b>	Medical Officer of Health
<b>Wards:</b>	All
<b>Reference Number:</b>	

#### SUMMARY

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Toronto Public Health's mission to improve the health of the whole population and to reduce health inequalities is guided in part by population health assessment activities that add to our understanding of the nature and extent of health inequalities in Toronto. Building on earlier work ("The Unequal City: Income and Health Inequalities in Toronto 2008"<sup>1</sup>) that measured the effect of income on health, "The Global City: Newcomer Health in Toronto" describes the health status, related health determinants, and health needs of Toronto newcomers (residents born outside Canada who came here within the past ten years, unless otherwise indicated). The report was prepared in partnership with Access Alliance Multicultural Health and Community Services to consolidate knowledge related to newcomer health in Toronto and is one of three Toronto Public Health Newcomer Initiatives funded by Citizenship and Immigration Canada. Two other complementary initiatives focussed on settlement workers and family separation and reunification, are described in a separate report to the Board of Health.

Half a million immigrants and refugees settled in Toronto between 2000 and 2009, and in 2006, more than half of the city's residents were born outside of Canada. Good health is one of many assets that most newcomers bring with them. After settling in Toronto however, newcomers can encounter many factors that threaten their physical and mental health. This report describes the "health advantage" that newcomers bring to Toronto, the decline in health status experienced by many immigrants after arriving in Canada; the heterogeneity and diversity of newcomer health needs based on factors such as age, gender, ethno-racial identity and immigration status; the multiple barriers faced by newcomers in accessing health services; and major social determinants of newcomer health.

"The Global City: Newcomer Health in Toronto" underscores the need to work across sectors to influence individual health practices, and more importantly, to address the service barriers and the social and economic exclusion that negatively affects newcomers' health and creates health inequities. The information in this report supports efforts to better understand the health and health needs of newcomers and to identify strategies that address inequities and improve health for all in Toronto.

## **RECOMMENDATIONS**

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### **The Medical Officer of Health recommends that:**

1. The Board of Health and the City-wide Local Immigration Partnership convene a forum with leaders of settlement agencies in Toronto, including the Ontario Council of Agencies Serving Immigrants, to build on the findings of "The Global City: Newcomer Health in Toronto", other Toronto Public Health newcomer pilot projects, and Local Immigration Partnership research; by identifying opportunities to advance the health of newcomers;
2. The Board of Health forward this report to the Chief Public Health Officer of Canada and urge the Public Health Agency of Canada to take a leadership role in developing national and local strategies that maintain and improve newcomer health;
3. The Board of Health send this report to Local Health Integration Networks in Toronto requesting that they address the specific health needs of newcomers in their program, policy, and funding decisions;
4. The Board of Health send this report to the Ontario Health Study and urge it to include the surveillance of newcomer health;
5. The Medical Officer of Health continue to collaborate with research partners including the Centre for Research on Inner City Health to explore research opportunities that would inform the design and delivery of services to newcomers in Toronto and identify the pathways and mechanisms through which specific determinants affect newcomer health;
6. The Board of Health send this report to the Prime Minister of Canada and strongly urge that:
  - a. Citizenship and Immigration Canada collect and make available, comprehensive data on the socio-demographic characteristics of immigrants and temporary residents;
  - b. Statistics Canada include an oversample of newcomers in the Canadian Community Health Survey so that the data can be used to monitor and assess the health of newcomers at the Toronto neighbourhood level and to

further assess the impact of racialization and other related social determinants on the health of newcomers;

7. The Board of Health send this report to the Premier of Ontario and strongly urge the government to:
  - a. develop a provincial newcomer health strategy to ensure that provincial policies, programs and funding address the health needs of newcomers;
  - b. incorporate strategies that strengthen the monitoring of newcomer health such as adding immigration status to the e-health system, including the diabetes registry, and the Better Outcomes Registry and Network Ontario;
  
8. The Board of Health send this report to the Federation of Canadian Municipalities, the Association of Municipalities of Ontario, the Urban Public Health Network, the Association of Local Public Health Agencies, the Canadian Public Health Association, the Ontario Public Health Association and Public Health Ontario for information.

### **Financial Impact**

There are no financial impacts arising from the adoption of this report.

### **DECISION HISTORY**

The Board of Health for the City of Toronto has a history of concern for vulnerable populations within the city and the role that determinants of health play in influencing the distribution of health in Toronto. In its current Strategic Plan 2010-2014, the Board of Health further strengthened its already explicit commitment to reduce health inequalities and improve the health of the whole population. In October 2008, the Board of Health received "The Unequal City: Income and Health Inequalities in Toronto 2008". That report demonstrated significant health inequalities related to income in Toronto.

### **ISSUE BACKGROUND**

In August 2011, the Federation of Canadian Municipalities released "Starting on Solid Ground, the Municipal Role in Immigrant Settlement"<sup>2</sup>. The report made a compelling case for the importance of immigrants to Canada's future economy and the important role that municipalities have to play in order to ensure the effective integration of immigrants including affordable housing, public transit, child care and library services.

"Toronto's Vital Signs 2011"<sup>3</sup> was released in October by the Toronto Community Foundation. This report states that Toronto's greatest asset is "immigrants who make this city their home and want to contribute skills and experience". Using data from the Toronto Immigrant Employment Data Initiative, the report makes the case that in the Toronto Region, immigrants' educational background and occupation are often poorly matched as demonstrated by the relatively small number of recent immigrants working in the fields of natural and applied sciences (10.6%) relative to the more than one-third of

new immigrants who arrive in the Region with education and training in that field. The Conference Board of Canada estimates that if all immigrants were employed at the full level of their qualifications, it would add between \$3.4 and \$5 billion to the economy each year, with the largest share in the Toronto Region. Other related reports and initiatives are referenced in the accompanying Board of Health Report on Toronto Public Health's Newcomer Initiatives.

The two aforementioned reports frame immigrant issues in terms of the economy. However, a prerequisite for a healthy economy is a healthy population.

In June, the Canadian Collaboration for Immigrant and Refugee Health released new Canadian Guidelines for Immigrant Health. The guidelines, summarized in the Canadian Medical Association Journal<sup>4</sup>, recognize that while most immigrants arrive in good health, certain subgroups face health risks. In response to a need for population-specific guidelines for newly arrived refugees and immigrants, this evidence-based initiative provides a foundation for improved preventive health care for immigrant populations.

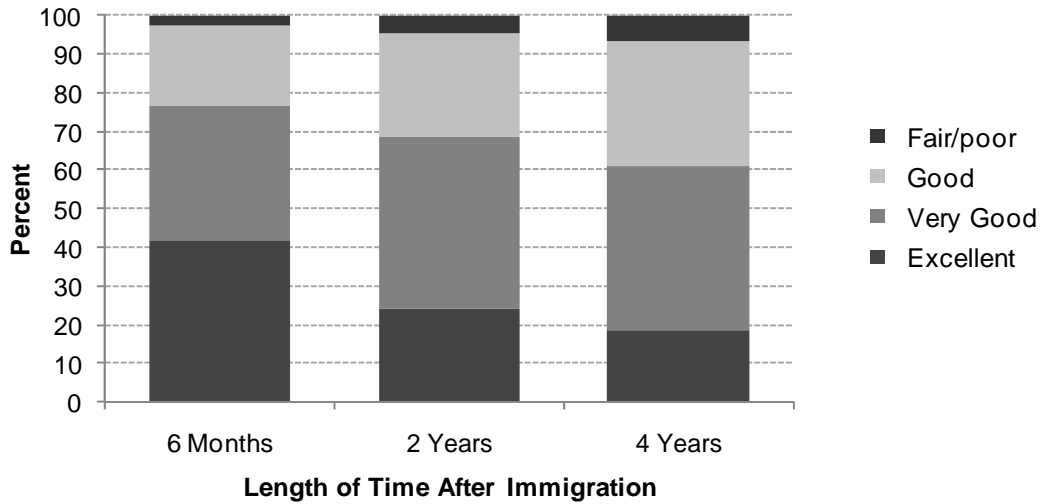
Delivering services that meet the health needs of Toronto's diverse communities is a priority for Toronto Public Health. "The Global City: Newcomer Health in Toronto" shows that good health is one of many assets that most newcomers bring with them to Canada. After settling in Toronto however, newcomers encounter many factors that threaten their physical and mental health. These factors must be addressed if Toronto Public Health is to move forward in its mission to reduce health inequalities and improve the health of the whole population.

## **COMMENTS**

"The Global City: Newcomer Health in Toronto", includes extensive analysis of several health and socio-demographic data sets, a detailed review of published academic literature, an environmental scan of local reports and publications, and the findings from a number of focus groups with local stakeholders including Toronto Public Health (TPH) staff.

The integrated findings of this work support the observation that newcomers, on many measures, have better health than the rest of the population. This "health advantage", also referred to as the "healthy immigrant effect", is however, diminished over time as illustrated by Figure 1.

**Figure 1 Self-Reported Health Status Among Newcomers Arriving in 2000 and 2001 at Six Months, Two Years, and Four Years After Immigration, Toronto**



Data: Newbold, K.B. (2011). Unpublished data and analysis. Data source: Longitudinal Survey of Immigrants in Canada (Statistics Canada, 2001-2005).

Local findings show however, that there are exceptions to the healthy immigrant effect and that not all measures of health status show a health advantage for newcomers. For example, approximately two thirds of newcomers are physically inactive during their leisure time compared to approximately 60 percent of longer-term immigrants and approximately 48 percent of Canadian-born residents. Another exception is Tuberculosis (TB). Most cases of TB in Toronto occur in immigrants reflecting higher rates of infections in many countries of origin.

The concept of a newcomer health advantage is further complicated by the fact that health inequalities exist among subpopulations of immigrants and that these subpopulations have different health issues. For example, diabetes among short-term immigrants (immigrants in Toronto between 8 and 23 years; a time period defined by the database used for this analysis) varies according to region of origin. Among this group, individuals from South Asia, the Caribbean, and Latin America and Mexico have higher prevalence rates of diabetes whereas people from Western Europe, Central Asia, and the United States have lower rates. A further example of these differences is demonstrated by smoking rates. Immigrants as a group smoke less than Canadian-born residents, but when analyzed by gender, the data show that immigrant and Canadian-born men actually have similar smoking rates. Immigrant women smoke much less than their male or Canadian-born counterparts which is the real explanation for the overall trend.

The following is a summary of some of the key findings from each of the report’s main sections.

## **SOCIO-DEMOGRAPHICS**

Largely as a result of immigration, the ethno-racial, cultural and linguistic composition of Toronto is continuously changing, as illustrated by the following statistics from the 2006 Census and other sources:

- Half a million immigrants and refugees settled in the city between 2000 and 2009;<sup>5</sup>
- Immigrants are, on average, younger and have more children than the Canadian-born population. A high proportion of births in Toronto is found among recent and longer-term immigrants. While immigrants make up 50% of Toronto's population, 66% of all births in Toronto in 2006 were to immigrants;<sup>6</sup>
- 81% of newcomers (arrived 2001-2006) identify themselves as members of a racialized group (visible minority); with 27% identifying as South Asian and 20% identifying as Chinese;
- Since the 1970s, the principal source region for immigrants to the city has shifted from Europe to Asia.

## **HEALTH STATUS AND NEEDS**

In Toronto, evidence supports the notion of a newcomer health advantage and subsequent decline. The findings of "The Global City: Newcomer Health in Toronto" suggest, however, that there are many differences among sub-populations of immigrants, and this trend does not apply to all areas of health. There are a few important exceptions to the health advantage, and the health of particular groups of immigrants declines more quickly than others. The diversity of newcomers who settle in Toronto leads to a complex picture of the health status of this population.

Some key findings based on local data related to the health status of newcomers to Toronto are as follows:

- Toronto data from the Canadian Community Health Survey (CCHS) show that newcomers report similar levels of health to Canadian-born residents, and that longer-term immigrants (more than 10 years since arrival) report poorer health;
- Toronto data from the Longitudinal Survey of Immigrants to Canada also shows that newcomers' self-reported health declines over time, and that certain sub-populations of newcomers are more likely to report poorer or worsening health, including women, older immigrants, low-income immigrants and refugees;
- Toronto data from the CCHS as well as provincial and national data show that newcomers are less likely to have several key risk factors for chronic disease, such as being overweight or obese or drinking heavily.<sup>7,8,9,10</sup> Newcomer women are also much less likely than Canadian-born women to smoke;
- However, Toronto newcomers are less likely to be physically active in leisure time based on CCHS data, and have some dietary risk factors that are similar to Canadian-born residents. Nutrition and healthy eating have been identified by

- local stakeholders as important health issues affecting newcomer men and women of all ages;
- Toronto CCHS data show that newcomers are similar to Canadian-born residents in their likelihood of having one or more chronic diseases, and that longer-term immigrants are more likely to have one or more chronic diseases than their Canadian-born counterparts;
  - Newcomers are more likely than Canadian-born residents to suffer from some communicable diseases, particularly TB and HIV/AIDS;
  - Toronto research findings show that compared with longer-term immigrants and Canadian-born residents, newcomer women are less likely to give birth to a premature baby and are more likely to breastfeed for up to 6 months. However, newcomer women are less likely to exclusively breastfeed their babies and are they more likely to have a low birth weight baby;<sup>11</sup>
  - Local studies and newcomers in the community identify high levels of stress and other mental and emotional health as priority health issues for newcomers in Toronto;
  - Certain newcomer sub-populations are at higher risk for specific mental health issues, including women, low-income newcomers, some racialized newcomers and refugees;<sup>12,13, 14</sup>
  - Local research suggests that newcomer youth have worse oral health and access to dental care compared to their Canadian-born counterparts.<sup>15</sup>

## **ACCESS TO HEALTH SERVICES**

Access to quality primary and preventive care is important for maintaining good health. Evidence shows that newcomers are less likely to use primary and preventive care, and that some services are difficult for newcomers to access:

- Toronto-based findings show that health services are often not culturally and linguistically accessible, and some newcomers report experiences of discrimination while accessing services;
- Toronto CCHS data shows that newcomers, particularly men, are less likely than longer-term immigrants to have a regular family doctor;
- Toronto CCHS data show that newcomer women are less likely to access cervical and breast cancer screening than Canadian-born women.

The findings also highlight a number of other specific newcomer health service needs that are not being met:

- mental health care and services, including access to specialists, counselling and therapy, and education and prevention programs;
- perinatal care, including health care, information and supports through pregnancy, childbirth, and post-birth;
- dental care, including preventive care and treatment;

- services and care not covered by the Ontario Health Insurance Plan (OHIP), including prescription medication, vision care, medical supplies such as blood sugar testing equipment, and assistive devices such as glasses, hearing aids and wheelchairs;
- sexual health services, including health promotion and education, counselling, testing and treatment, particularly for newcomer youth; and
- nutrition and recreation programs for newcomers of all ages.

In addition, local stakeholders identified a number of specific barriers to accessing health services faced by newcomers, including:

- cost and eligibility, particularly with respect to health services not covered by OHIP;
- lack of awareness of services and difficulties navigating the health care system;
- inadequate language interpretation and lack of cultural competency among service providers;
- long wait times;
- stigma related to issues such as mental health and HIV/AIDS; and
- transportation difficulties.

## **SOCIAL DETERMINANTS OF HEALTH**

Among the top issues facing newcomers are those related to income and employment. In spite of the fact that newcomers are highly educated overall, many are under-employed or working in jobs that are unrelated to their experience and qualifications:

- 2006 census data show that 46% of newcomers (less than 5 years since arrival) in Toronto were living in low income households in 2005, compared to 23.2% of more established immigrants and 19.5% of the Canadian-born population;
- While newcomers made up 10.8% of Toronto's population, they represented 36.0% of low-income households;
- By 2009, the unemployment rate for newcomers (less than 5 years since arrival) in the Greater Toronto Area was 19%, compared with 9% unemployment for the total city. This newcomer unemployment rate was up from 12% in 2006;<sup>16</sup>
- Levels of poverty and unemployment tend to be greater for certain sub-populations of newcomers, including some racialized individuals, women and refugees. For example, newcomer women were more likely to be unemployed than newcomer men.

## **KEY THEMES AND IMPLICATIONS**

Immigration has been a key source of talent and new growth in Toronto. Newcomers arrive with a wealth of education, skills, experience, and usually, good health; however, this health advantage is often lost over time. Reversing this decline and improving the health of all residents are key to a prosperous and healthy city.



Several overarching themes have emerged from the evidence reviewed and from discussions with local stakeholders:

- **Most newcomers arrive in good health.** Research has shown that, on average, newcomers are in better health than Canadian-born residents, particularly with respect to many chronic diseases and related risk factors. Medical screening prior to arrival as a part of the immigration process and the relatively young age of newcomers contribute to this health advantage. However, there are exceptions.
- **Overall, newcomers lose their health advantage and experience a deterioration of health with length of stay.** There is strong evidence showing that the longer immigrants live in Canada, the more their health deteriorates in terms of overall health status, chronic disease, mental health and other areas. This is true for newcomers who arrive with good health as well as those who arrive with pre-existing health issues. The health of some groups of newcomers deteriorates more quickly than others and is directly affected by social and economic factors that increase health risks and create barriers to preventive care and treatment.
- **Newcomers have diverse health needs.** Findings show that some health needs are broadly applicable to many newcomers, while others are unique to certain sub-populations based on their age, gender, sexual orientation, ethno-racial identity, migration experiences, income level, education and other factors. Health service providers need to strengthen their capacity to provide equitable, culturally sensitive preventive and primary care to diverse groups of newcomers with varied health status, health risks and health needs.
- **Settlement is a health issue.** Newcomer health needs are different, in many ways, from those of the Canadian-born population. The health of newcomers is clearly affected by the processes of migration, settlement and adaptation. The challenge and opportunity, therefore, is to provide the necessary conditions and supports that will enable newcomers to stay healthy and fulfil their potential. This will require a coordinated and integrated approach to providing health and settlement services in Toronto.
- **Social and economic exclusion have a major impact on the health of newcomers.** Newcomers begin to experience marginalization from the very first months of arrival. High rates of unemployment, precarious types of employment and work environments, income insecurity, discrimination, social isolation, housing insecurity, and barriers to health and other services often result in declining health among immigrants. The findings underscore the need to expand and coordinate efforts across the health, settlement and other sectors to advocate for policy changes that will promote the social and economic inclusion of newcomers.
- **Newcomers experience multiple barriers to accessing necessary services.** Key barriers relate to cost and eligibility, socio-cultural and linguistic barriers, lack of cultural competence among service providers and poor awareness of services. Failure to address these barriers may lead newcomers to forgo or delay care, which can lead to more serious health problems and increased future costs to the health system.

- **Newcomers' health knowledge and positive behaviours should be acknowledged and promoted.** Newcomers bring considerable health knowledge as well as healthy behaviours such as significantly lower rates of smoking, alcohol use, substance use and risk factors that lead to obesity and higher rates of breastfeeding. These help lower risks to certain illnesses for newcomers and can result in major savings to the healthcare system.
- **Research on immigrant and refugee health in Canada yields vital data.** Ongoing research on the health and well-being of immigrants in Canada is vital to our understanding of this population and to responding adequately to their diverse health needs. Although there is a substantial and growing body of evidence related to newcomer health, local and Canadian data are limited with respect to certain health topics and newcomer sub-populations. Ongoing surveillance and population health assessment, particularly longitudinal studies, are also needed to measure health disparities over time.

In conclusion, the wide range of evidence presented in this report shows that the health needs of newcomers are different from those of Canadian-born populations and that migration and settlement experiences may significantly impact health. TPH, Access Alliance and other local organizations are working to improve service access and quality for newcomers and longer-term immigrants. However, more work remains to be done in order to meet the health needs of newcomers in Toronto and to provide the necessary conditions and supports that will enable newcomers to stay healthy and to fulfil their potential. This includes building on existing programs and services and developing new or revised strategies that incorporate the findings of this study and the other Toronto Newcomer Pilot Projects.

A knowledge dissemination strategy is being planned to maximize the utility of the study findings. This includes the creation and broad distribution of popularized fact sheets and a video. Information will also be available on the TPH website. In addition, the Medical Officer of Health will seek opportunities to present and discuss the findings of the report at appropriate venues.

Toronto Public Health will continue to strengthen the monitoring of the health impact of social determinants of health, including immigration status, by identifying and developing key indicators for newcomer health and using these as one component of its ongoing population health monitoring and assessment efforts.

## **CONTACT**

Debra Williams  
Director  
Performance and Standards  
Tel: 416-338-8134  
Email: [dwillia4@toronto.ca](mailto:dwillia4@toronto.ca)

Paul Fleiszer  
Manager  
Surveillance and Epidemiology  
Tel: 416-338-8073  
Email: [pfleisze@toronto.ca](mailto:pfleisze@toronto.ca)

## **SIGNATURE**

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Dr. David McKeown  
Medical Officer of Health

## **ATTACHMENT**

The Global City: Newcomer Health in Toronto

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<sup>1</sup> Toronto Public Health

<http://www.toronto.ca/health/map/inequalities.htm>

<sup>2</sup> Federation of Canadian Municipalities

[http://www.fcm.ca/Documents/reports/Starting\\_on\\_Solid\\_Ground\\_Municipalities\\_and\\_Immigration\\_EN.pdf](http://www.fcm.ca/Documents/reports/Starting_on_Solid_Ground_Municipalities_and_Immigration_EN.pdf)

<sup>3</sup> Toronto Community Foundation

<http://www.tcf.ca/vitalinitiatives/TVS11FullReport.pdf>

<sup>4</sup> Canadian Medical Association Journal

[http://www.cmaj.ca/content/early/2010/06/07/cmaj.090313.full.pdf+html?ijkey=9a4b7a5ecb0364f0d07d85c2aed82a53b2ff0813&keytype=tf\\_ipsecsha](http://www.cmaj.ca/content/early/2010/06/07/cmaj.090313.full.pdf+html?ijkey=9a4b7a5ecb0364f0d07d85c2aed82a53b2ff0813&keytype=tf_ipsecsha)

<sup>5</sup> Citizenship and Immigration Canada. (2010). Canada Facts and figures 2009: Immigration overview, Permanent and temporary residents. Ottawa, ON: Research and Evaluation Branch, Citizenship and Immigration Canada.

<sup>6</sup> Toronto Community Health Profiles Partnership (TCHPP). (2010). Births to women born in a country other than Canada, 2006. Source: Office of the Registrar General of Ontario (ORG) Live Birth Database. Toronto, ON: TCHPP. Available at:

[http://www.torontohealthprofiles.ca/a\\_documents/TM\\_allCateg\\_maps/TM\\_maps\\_MB/7\\_MB\\_BirthsToWomenNotBornInCanada\\_N\\_2006.pdf](http://www.torontohealthprofiles.ca/a_documents/TM_allCateg_maps/TM_maps_MB/7_MB_BirthsToWomenNotBornInCanada_N_2006.pdf)

<sup>7</sup> Betancourt, M.T. & Roberts, K.C. (2010). Chronic disease patterns for immigrants to Canada: A recent data analysis. *Health Policy Research Bulletin*, 17, 22-23.

<sup>8</sup> Cairney, J., & Ostbye, T. (1999). Time since immigration and excess body weight. *Canadian Journal of Public Health*, 90(2), 120-124.

<sup>9</sup> Dall, K. & Ward, M. (2010). A health profile of immigrants in Ontario. Toronto, ON: Health Analytics Branch, Health System Information Management and Investment Division, Ministry of Health and Long-term Care (MoHLTC). Available at:

[http://cassaonline.com/wci2/attachments/137\\_Immigrant\\_Health\\_2010-02-10.pdf](http://cassaonline.com/wci2/attachments/137_Immigrant_Health_2010-02-10.pdf)

<sup>10</sup> McDonald, J.T. (2006). The health behaviours of immigrants and native-born people in Canada. Working paper No. 01-06. 2006. Halifax: Atlantic Metropolis Centre. Available at:

<http://www.atlantic.metropolis.net/WorkingPapers/McDonald-WP1.pdf>

<sup>11</sup> Toronto Public Health. Breastfeeding in Toronto: Promoting Supportive Environments. March 2010.

<sup>12</sup> Robert, A. M., & Gilkinson, T. (2010). Spotlight on research: The mental health and well-being of recent immigrants. *Health Policy Research Bulletin*, 17, 24-25.

<sup>13</sup> Hyman, I., Beiser, M., & Vu, N. (2000). Post-migration stresses among Southeast Asian refugee youth in Canada: A research note. *Journal of Comparative Family Studies*, 31(2), 281-294.

<sup>14</sup> Beiser, M., Hamilton, H., Rummens, J., Oxman-Martinez, J., Ogilvie, L., Humphrey, C., et al. (2010). Predictors of emotional problems and physical aggression among children of Hong Kong Chinese, mainland Chinese and Filipino immigrants to Canada. *Social Psychiatry and Psychiatric Epidemiology*, 45(10), 1011-1021.

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<sup>15</sup> Clarke, M., Locker, D., Murray, H., & Payne, B. (1996). The oral health of disadvantaged adolescents in North York, Ontario. *Canadian Journal of Public Health*, 87(4), 261-263.

<sup>16</sup> Statistics Canada, Labour force estimates by Immigrant Status, Greater Toronto Area, Ontario, 71F0004XVB.2010 Table - 102.ivt, 2010