Suggested citation:


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Almost three-quarters (72%) of immigrant youth aged 12 to 19 years report that their health is excellent or very good. This is slightly higher than their Canadian-born counterparts. Young men who are immigrants are more likely than are young women to say that this is the case – 75% compared with 68% respectively.

In Québec and Alberta immigrant youth are slightly less likely than their Canadian-born counterparts to report that their health is excellent or very good.

In this data, the term ‘immigrant’ groups all types of immigrants together. However, refugee children’s health is often not as good as that of other immigrants. This is likely due in part to refugees receiving insufficient health care and living in substandard conditions in their countries of origin and having greater difficulty meeting their basic needs upon their arrival in Canada due to financial reasons.

Implications
Immigrant children and youth and their families come from a wide variety of cultural and linguistic backgrounds. Upon arrival, new immigrants tend to be healthier than the Canadian-born population, both because of immigrant-selection processes and because of certain socio-cultural aspects of health behaviours. However, refugees are more vulnerable and not able to enjoy the same measure of good health at the time of arrival. However, at least for adults, there is a decline in this “healthy immigrant effect” soon after arrival.
2.1.2 The ‘Healthy Immigrant Effect’

Research on a broad sample of immigrants has shown that when immigrants arrive to Canada they are generally in better health than their Canadian born counterparts.\(^1\) Even refugees, overall, have lower mortality rates than do Canadian citizens.\(^1\) This is known as the ‘healthy immigrant effect’.\(^2\) It should be noted that the majority of Canadian research on the healthy immigrant effect has been on adults and not on children and youth. Whether or not this phenomenon occurs among younger Canadian newcomers should be examined.

Despite their initial relative good health, the health of immigrants often starts to decline sometime after their arrival to Canada. For example, research has found that those who had been living in Canada for 10 years or less had fewer chronic illnesses and less chance of disability than immigrants who had been living in Canada for longer and Canadian born citizens.\(^3\)

Other research has shown that immigrants aged 20 to 59 years reported better health shortly after arrival to Canada than they did two years later.\(^4\) The greatest declines in self-reported health were among women and non-European immigrants (including West Asian, South Asian and Chinese individuals) as opposed to men and European immigrants.\(^5\)

The cause or causes of this decrease in health status are not entirely known, but there are many possible explanations. For example:

- There may be inadequate policies and services to help immigrants settle and maintain optimal health in Canada.\(^1\)
- Immigrants are more likely to be affected by unemployment, poverty, and difficulty accessing services for various reasons including language barriers.\(^1\)
- Immigrants become exposed to the same stressors and pollutants as Canadians and may adopt unhealthy habits such as smoking, drinking alcohol, and eating unhealthy foods.\(^1\)

The majority, 80%, of immigrant youth aged 12 to 19 years report that their mental health is excellent or very good. That compares to 74% of Canadian born youth. Those proportions are the same for young men and young women in both groups. Immigrant youth in Québec and BC are less likely to report that their mental health is excellent or very good compared to their counterparts in Ontario, Manitoba and Alberta.

**Implications**

These data indicate that immigrant youth are somewhat more likely to report that they have excellent or very good mental health, but the data also show that this is not consistent across the country. Research based on the New Canadian Children and Youth Study indicated that children in immigrant families from Hong Kong, Mainland China, and the Philippines living in Toronto and Montreal were at higher risk of emotional problems than were children in immigrant families in Winnipeg, Calgary, Edmonton, and Vancouver.¹ The study found that predictors of the mental health of immigrant youth are complex – immigrant human and social capital, home-school relationships, marginalization and lack of community supports were predictors – but their effect varied across regions. The authors conclude that “Although the expectations may not be unreasonable, simply admitting immigrants and then forgetting about them, or even punishing them by withdrawing support, is not only unreasonable, but bad for mental health”.²


2.2.2 Proportion of Youth 12 to 24 Years of Age Who Have Been Diagnosed with a Mood Disorder*, by Immigrant Status, Canada, 2011-2012

* Meet the CCHS - Mental Health/WHO-CIDI criteria for any of the measured mood disorders (Major Depressive Episode, Bipolar I, Bipolar II, Hypomania) in their lifetime.; † This is a marginal estimate that must be interpreted with caution.

Graphic created by CICH using data from the Canadian Community Health Survey, 2011/2012, CICH Analysis on Public Use Microdata File

Just over one-in-ten youth aged 15 to 24 years have been diagnosed with a mood disorder. That proportion is slightly higher for Canadian-born youth (13%) than immigrant youth (11%).

Implications
The causes of mood disorders in youth are complex – including factors relating to biology, genetics, social and psychological influences. These are compounded by the experiences of immigrant youth, which can include the loss of family and friends, language barriers among the children, youth and their parents; discrimination; difficult relationships between the children, youth, families and the schools and the quality of the neighbourhood in which the children, youth and families live.1 Certain factors can protect young people from suffering with mood disorders – such as living in stable families, living in safe neighbourhoods and having support from a community of their peers.1 It is important that health care providers recognize cultural barriers that might preclude immigrant children and youth and their families from recognizing and seeking help for mood disorders.

According to the New Canadian Children and Youth Study (children aged 4 to 6 and 11 to 13), immigrant parents’ perceptions of their children’s school is important to the well-being of their children. Children were less likely to be physically aggressive – for example, to get into fights and bully other children – if their parents had positive perceptions of the school environment. This relationship existed in spite of the child’s gender and age; the parents’ education, ethnicity or depressive symptoms; the family’s income and level of dysfunction; and factors related to the family’s acculturation – e.g., the length of time they had been in Canada, their language spoken and their relative living conditions.\(^1\)


**Implications**

The school environment is critical to the health and well-being of immigrant children and youth. Focusing on the relationship between parents and schools – whereby parents develop a positive relationship and perception – can contribute to the social supports needed to help parents promote healthy choices to their children. These findings must be considered when developing collaborative policies in education, public health and social services.
The majority of both immigrant and Canadian born youth are likely to report that they have a very or somewhat strong sense of belonging to their local community – almost three-quarters in both cases. Canadian born youth in Alberta and Québec are somewhat less likely to report that this is the case – 69% and 64% respectively.
Older youth are less likely than younger youth to report that they have a very or somewhat strong sense of belonging to their local community – both among immigrant youth and Canadian born youth. Eighty-eight percent of immigrant youth and 82% of Canadian youth aged 12 to 14 years reported this was the case – compared with 63% of immigrant youth and Canadian born youth aged 18 to 19 years.
Canadian born youth between the ages of 12 and 17 are more likely to be overweight or obese than are their peers who are immigrants. In 2011-12, 19% of Canadian born youth were overweight or obese compared to 15% of immigrant youth. Older youth are more likely to be overweight or obese than are younger youth. Among both immigrant and Canadian born youth, young men are more likely to be overweight or obese than are young women.
Canadian born youth between 12 and 19 years are less likely to be inactive than are their peers who were born outside of Canada. Just over one-quarter (27%) of Canadian born youth are considered inactive compared with 37% of youth who are foreign born. Among both groups, young women are more likely to be inactive than are young men. Forty-five percent of young immigrant women (12 to 19 years) are considered to be inactive compared with 28% of young men. Those figures are 31% and 22% respectively for Canadian born youth. Older youth are more likely to be inactive than are younger youth – among both groups.

**Implications**

An important determinant of health for young people is involvement in regular physical activity. These findings are substantiated by analysis of the Canadian Health Behaviour in School-Aged Children’s survey data, which found that youth born outside of Canada were less likely to be active than peers born in Canada.1 This study also found that time since immigration and ethnicity were associated with participation in physical activity – specifically that the longer the youth were in Canada the more likely they were to have physical activity levels that were close to their Canadian born peers. In addition, East and South-East Asian youth were less likely to be physically active than Canadian born youth.

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In 2011-2012, 91% of immigrant youth aged 12 to 19 years reported that they had never smoked cigarettes. The proportion was lower for Canadian born youth – at 81%. These proportions were similar for young men and women. Younger youth were more likely to report that they had never smoked than were older youth. Among 18 and 19 year old immigrant youth, 81% reported that they had never smoked compared with only 63% of Canadian born youth.
2.4.3 Proportion of Youth 12 to 19 Years of Age Who Report They Have Never Smoked, by Province* and Immigrant Status, Canada, 2011-2012

The proportion of youth who had never smoked – both immigrant and Canadian born youth – were lower in Québec, at 82% and 73% respectively.
The vast majority of children and youth in Canada are not exposed to second hand smoke in their homes regularly. However, immigrant children and youth are somewhat less likely to be exposed than are Canadian born children and youth. Ninety-four percent of immigrant children and youth 12 to 19 years of age reported they are not exposed to second hand smoke every day or almost every day – compared to 85% of Canadian born children and youth.
Immigrant youth were more likely than their Canadian born peers to report that they did not drink alcohol. In 2011/12, two-thirds of immigrant youth 12 to 19 years reported that was the case, compared to 52% of Canadian born youth. Older immigrant youth, those who were 18 and 19 years of age, were twice as likely as their Canadian born counterparts to report that they did not drink alcohol. Young women who are immigrants are somewhat more likely to report that they do not drink alcohol compared with young men – 71% compared with 66%. However, Canadian born young men and women are equally likely to report that they have never drank alcohol – that being the case for 52% of young men and 51% of young women.
While 69% of Canadian immigrant youth aged 12 to 19 years report that they do not drink alcohol, that proportion is higher in Manitoba (77%) and Ontario (74%).
Less than half of Canadian children and youth report that they eat fruits and vegetables at least five times a day. Canadian born youth are somewhat more likely than immigrant youth to do so – 42% compared with 36%. Immigrant children and youth living in Québec are more likely to eat fruits and vegetables at least five times a day than are children and youth in other parts of Canada.
Not all immigrant and refugee children and youth have exactly the same health coverage across Canada. In most provinces and territories, new permanent residents are provided with full public health coverage from the time they arrive. However, in Ontario, British Columbia, Manitoba, and Québec, permanent residents must wait 3 months before being eligible for provincial coverage. In some cases this waiting period is waived. For example, a child under 16 years who is adopted and brought to Ontario will be eligible for health coverage right away.

Those who do not receive coverage from the time they arrive are encouraged to apply for private health insurance until their provincial/territorial coverage begins.

It is important for newcomers to Canada to know that although public health insurance is similar across the provinces and territories, there are some differences in the services and products that are covered by provincial/territorial coverage. As many immigrants and refugees do not remain in the province or territory where they first arrived, they will likely be confronted with various provincial/territorial health care systems.

For more information on health care coverage for new permanent residents, visit the Kids New to Canada website and the Health Canada website describing the provincial and territorial roles in health care and information about applying for a health card.

There are six types of health coverage available to refugees arriving to or living in Canada. These differ by the health services that are covered. Eligibility is based on several criteria such as the claimant’s age, whether or not he or she is a government-assisted refugee, and the status of his or her refugee claim.¹

Child and youth refugees are eligible for the most comprehensive type of coverage available to refugees in Canada – Basic, Supplemental and Prescription Drug Coverage. This coverage includes most health care services covered under the provincial/territorial health insurance plans available where the child is residing. Among the included services are in-patient and outpatient hospital services; care provided by medical doctors, nurses, and other licensed health care professionals; laboratory and ambulance services; some dental and vision care; and prescription medications included in the provincial/territorial drug plan. For a complete description of the coverage available to refugee children and youth in Canada, visit the Government of Canada website describing the Interim Federal Health Program.