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Explaining the Health Gap Between Canadian- and Foreign-Born Older Adults: Findings from the 2000/2001 Canadian Community Health Survey

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SEDAP Research Paper No. 211

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Explaining the Health Gap Between Canadian- and Foreign-Born Older Adults: Findings from the 2000/2001 Canadian Community Health Survey

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Abstract

Previous research (Gee, Kobayashi, Prus, 2004) indicates that foreign-born older adults (65 years and older) have poorer health than their Canadian-born counterparts. Using data from the 2000/2001 Canadian Community Health Survey, the current study tests two hypotheses to explain the health gap between these two groups. Findings indicate support for the differential vulnerability hypothesis but not for the differential exposure hypothesis in explaining the health gap between Canadian- and foreign-born older adults. What this suggests is that differences in health status between these two groups, rather than being the result of different social locations and/or lifestyle behaviours, can instead be attributed to the different "reactions" of Canadian- and foreign-born older adults to various social and lifestyle determinants of health.

Keywords: health, immigrants, aging

JEL Classifications: I18, I19

Résumé

Une étude antérieure (Gee, Kobayashi, Prus, 2004) montre que les aînés (65 ans ou plus) nés en dehors du Canada sont en moins bonne santé que leurs homologues nés au Canada. En s'appuyant sur des données de *L'Enquête sur la santé dans les collectivités canadiennes* de 2000/2001, notre étude teste deux hypothèses qui pourraient permettre d'expliquer les écarts de santé observés entre ces deux groupes. Nos résultats semblent valider l'hypothèse de vulnérabilité différentielle et non l'hypothèse d'exposition différentielle. Ces résultats suggèrent que les différences de l'état de santé observé entre ces deux groupes, plutôt que de découler de différentes localisations sociales et/ou modes de vie, pourraient plutôt être la conséquence de « réactions » différentes des aînés nés au Canada ou à l'étranger face aux divers facteurs sociaux et modes de vie qui déterminent l'état de santé.

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Introduction

Despite research indicating that a "healthy immigrant effect" – immigrants are generally healthier than Canadian-born persons but that over time this health status advantage decreases as the health of immigrants converges to the norm – operates in Canada (Ali, 2002; Chen, Ng, and Wilkins, 1996; Dunn and Dyck, 2000; Hyman, 2001; Perez, 2002), there is evidence that this effect may not hold across the adult life course. Indeed, in the latter stages of the life course, a period in which there is an increased likelihood of decline in physical and mental health, Gee, Kobayashi, and Prus (2004) find that foreign-born (FB) persons 65 years and older have poorer health than their Canadian-born (CB) counterparts.

In the current study we test two research hypotheses to explain this health gap. The first hypothesis, the differential exposure hypothesis, suggests that immigrant status differences in health in later life are attributable to the different social locations (and resulting life experiences) of FB and CB older adults and to their differential exposure to various lifestyle behaviours such as smoking, alcohol consumption, and quality of diet. The second hypothesis, the differential vulnerability hypothesis, suggests that differences in the health status of FB and CB older adults are attributable to differences in their "vulnerability" (their reaction) to particular social structural and lifestyle determinants of health.

Methods

Data Data used in this analysis come from Statistics Canada's 2000/2001 Canadian Community Health Survey (CCHS) Cycle 1.1, which is based on a multistage stratified cluster sample of those living in private occupied dwellings. The total sample size for those 65 years and older is 23,994 – 18.4 percent are FB and 81.6 percent CB. Sample weights were adjusted to sum to sample size and used in all data analyses.

Measures Three overall measures of health are used in this study. First, self-rated health (SRH) is based on the question "In general, would you say your health is: excellent, very good,

good, fair, or poor?" SRH is collapsed in two divergent groups: "positive" health perception (good, very good, or excellent) and "negative" health perception (poor or fair). Second is the Health Utilities Index Mark 3 (HUI), which is an index of an individual's overall functional health based on eight self-reported attributes: vision, hearing, speech, mobility, dexterity, cognition, emotion, and pain/discomfort. The HUI scores range from 0 (completely unfunctional) to 1 (perfect functional health) in increments of 0.001. Third, activity restriction (AR) refers to the need for help with instrumental activities of daily living.

Social structure is measured using both socio-demographic (i.e., sex, age in years, marital status [married, single, and divorced/separated/widowed], ethnicity [white and visible minority], and language proficiency [English and/or French and neither English nor French]) factors and SES (income [low, low-middle, middle, upper-middle, and high] and education [less than high school/HS, HS, some post-secondary/PS, and PS]) factors. Number of drinks consumed per week, number of years smoked, and number of times per day fruits/vegetables are consumed are used to measure lifestyle. Table 1 shows the distribution of these variables (and their reference groups) used to test the exposure and vulnerability hypotheses. A dummy variable for missing cases in categorical variables is created, and for continuous-type variables a regression model is developed to impute values for missing data.

Analysis Logistic regression analysis is used to estimate the odds of reporting positive SRH and AR and OLS regression analysis is used to estimate mean HUI scores. Specifically, Table 2 provides the data to test the exposure hypothesis. In the column labeled before controls, the various measures of health were regressed on immigration status. In the column labeled after controls, measures of health were regressed on immigrant status controlling for social structural and lifestyle determinants of health: if immigrant differences in health are due to the differential exposure of FB and CB to these factors, we would expect these differences (as report in the column labeled CB-FB) to disappear. To test the differential vulnerability hypothesis, Table 3 shows the immigrant status differences in the relative importance of each individual structural

and behavioural determinant of health. To assess which structural and behavioural factors are associated with health for CB and for FB, separate multiple linear (for HUI) and logistic (for AR and SRH) regression models of health were computed for CB (column labeled CB) and for FB (column labeled FB); significant immigrant status differences in the regression coefficients are shown in the column labeled CB-FB (interactions between immigrant status and the predictors are used to determine significant differences in these coefficients).

Results

The first three data columns in Table 2 show that foreign-born older adults have significantly poorer health compared to their Canadian-born counterparts. The findings, however, do not generally support the differential exposure hypothesis. The results in the last three columns show when the data are adjusted for socio-demographic, SES, and lifestyle differences, the health of immigrants does not become more similar to that of non-immigrants.

We therefore turn to Table 3 to help explain the immigrant status gap in health. The findings overall reveal significant immigrant status differences in "vulnerability" to specific indicators of structural and behavioural determinants of health, providing support for the differential vulnerability hypothesis. Of the socio-demographic factors, the relationships between health and ethnicity (visible minority status) and language tend to vary the most by immigrant status. English/French language proficiency (as opposed to neither English nor French) is more strongly associated with better health for immigrants, and ethnicity (visible minority status) is generally only important for FB (i.e., FB visible minorities have better health than FB whites). Further, analyses reveal that immigrant-based health inequalities are significantly explained by differential vulnerabilities to SES factors between CB and FB persons – having higher education and income tends to be more beneficial to the health of FB persons than it does for CB persons. Finally, there are also significant immigrant status differences in lifestyle behaviours, with

alcohol consumption having a stronger (positive) influence on health for FB, but smoking a more important (negative) determinant of health for CB.

Conclusions

The findings indicate support for the differential vulnerability hypothesis but not for the differential exposure hypothesis in explaining the health gap between Canadian- and foreign-born older adults. What this suggests is that differences in health status between these two groups, rather than being the result of different social locations and/or lifestyle behaviours, can instead be attributed to the different "reactions" of Canadian- and foreign-born older adults to various social and lifestyle determinants of health. Indeed, the effects of ethnicity (visible minority status), charter language proficiency, education, and income, all important structural determinants of health for both Canadian- and foreign-born older adults, vary by immigrant status, as do the effects of lifestyle behaviours like smoking and alcohol consumption.

It is no surprise that charter language proficiency for immigrants is an important determinant of health as it facilitates "access" to health care in mainstream society. In trying to make sense of the ethnicity effect (visible minority immigrants have better health than their white counterparts), however, it is important to consider the breakdown of the visible minority category. The majority of visible minority immigrant older adults in Canada are of Chinese or South Asian ethnic origin. Given this, we might speculate that the use of ethno-culturally-grounded complementary and alternative health practices (i.e., traditional Chinese medicine, ayurvedic treatment) by older adults in this group may contribute to their better health status. With regard to the differential effects of socioeconomic status – education and income – on the health of older adults in the sample, perhaps the effect is greater for foreign-born older adults because higher education and income works to offset the negative impact of delayed acculturation (i.e., decreased language proficiency, decreased social/political participation).

The effects of lifestyle behaviours on the health of Canadian- and foreign-born older adults indicate that alcohol consumption has a stronger positive influence on the health of immigrant older adults than it does for their Canadian-born counterparts. In many European (i.e., France, Spain, Italy) and Asian (i.e., Japan, South Korea) countries, the consumption of alcohol in moderation is recognized as an important part of overall health maintenance. Such practices, carried over into their new home countries, may continue to provide a protective function for foreign-born older adults against chronic illness and disease. The more pronounced negative effect of smoking on the health of Canadian-born older adults (versus foreign-born older adults) may be partially explained by their higher propensity to take up and continue smoking into later life.

Future Research Qualitative studies (i.e., in-depth interviews with older Canadian- and foreign-born adults) to more fully explore the *nature* of the differences in health between immigrant and non-immigrant older adults are recommended. In addition, further research in this area should examine the impact of psychosocial determinants like chronic stressors and earlier life course events on the health of older adults (as examined in Denton, Prus, and Walters, 2004) to provide a broader understanding of health determinants and the differences in health status between immigrant status groups in later life.

References

Denton, M., S. Prus, and V. Walters (2004). Gender differences in health: A Canadian study of the psychosocial, structural and behavioural determinants of health. *Social Science and Medicine, 58*, 2585-2600.

Gee, E.M., K.M. Kobayashi and S.G. Prus (2004). Examining the healthy immigrant effect in mid- to later life Canadians: Findings from the Canadian Community Health Survey. *Canadian Journal on Aging*, *23* (Suppl 1), S61-S69.

Table 1: Means and Percentages of Study Variables by Immigration Status

	CB	FB
AR*		
No	60.1%	58.0%
Yes	39.9	42.0
SRH**		
Positive	71.4%	68.0%
Negative	28.6	32.0
HUI**	0.792 (0.259)	.764 (0.276)
Sex **		
Male	43.0%	46.0%
Female	57.0	54.0
Age	73.5(5.6)	73.4 (5.5)
Marital Status**		
Married	59.1%	64..6%
Wid/Dv/Sp	35.3	32.6
Single	5.5	2.8
Race**		
White	98.1%	78.4%
Vis Min	1.5	21.1
Missing	.4	.5
Language**		
Eng/Fren	99.5%	84.6%
Non-Eng/Fr	0.5	15.4
Education**		
<HS	52.0%	42.0%
HS	14.4	19.9
Some PS	5.0	5.3
PS	27.4	31.5
Missing	1.1	1.3
Income**		
Low	2.4%	4.6%
Low-mid	12.5	10.3
Middle	33.2	31.1
Upper-mid	27.1	27.5
High	10.8	13.7
Missing	14.0	12.8
Alcohol	2.2 (5.2)	2.3 (4.6)
Smoke**	5.8 (16.6)	3.8 (13.5)
Fruit-Veg**	5.1 (2.4)	5.2 (2.9)

CB and FB are significantly different at * $p \leq 0.05$ ** $p \leq 0.01$ (note, standard deviations for continuous variables are in brackets, and reference groups for categorical variables are in italics).

Table 2: Mean of HUI and Odds Ratios of AR and SRH by Immigration Status, Before and After Socio-Demographic, SES, and Behavioural Controls

	BEFORE CONTROLS			AFTER CONTROLS		
HEALTH MEASURE	CB	FB	CB-FB	CB	FB	CB-FB
AR	1.00	1.091	*	1.00	1.087	*
SRH	1.00	0.851	**	1.00	0.818	**
HUI	0.792	0.764	**	0.791	0.766	**

Statistically different from CB (reference category) at * $p \leq 0.05$ ** $p \leq 0.01$.

Table 3: Unstandardized OLS Regression Coefficients for HUI and Logistic Regression Odd Ratios for AR and SRH on Socio-Demographic, SES, and Behavioural Factors, by Immigration Status

	CB	FB	CB-FB	CB	FB	CB-FB	CB	FB	CB-FB
	AR			SRH			HUI		
Age	1.129**	1.129**		0.949**	0.956**		-.011**	-.011**	
Sex	1.881**	1.987**		1.268**	1.089		0.005	-.028**	**
MS									
Married	0.785**	0.969	*	0.896*	0.791**		0.007	-0.006	
Single	0.809*	0.530**		0.887	0.904		-0.007	0.004	
Race									
White	0.946	1.049		1.350*	0.680**	**	0.009	-0.022*	
Missing	1.293	0.412		0.40	0.995		0.004	0.013	
Language									
Eng/Fr	1.385	0.552**	**	.963	1.708**	**	0.079**	0.049**	
Missing	7.438	0.001		.538	0.001		0.054	0.109	
Income									
Low-mid	1.167	0.610**	**	0.689**	1.329	**	0.011	0.084**	**
Middle	1.025	0.629**	*	0.885	1.536**	**	0.017	0.114**	**
Up-mid	0.854	0.513**	*	1.263	1.948**	*	0.038**	0.133**	**
High	0.830	0.554**		1.626**	2.541**	*	0.031*	0.137**	**
Missing	0.944	0.482**	**	0.980	1.867**	**	0.024	0.128**	**
Educ									
HS	0.757*	0.769**		1.266**	1.351**		0.015*	0.038**	*
Some PS	1.203*	0.667**	**	1.273**	1.843**	*	0.004	0.037*	
PS	0.945	0.755**	*	1.528**	1.846**	*	0.026**	0.055**	**
Missing	1.427	1.629		0.867	2.675**	**	-0.071**	0.002	
Alcohol	0.985**	0.964**	*	1.025**	1.079**	**	0.002**	0.005**	
Smoke	1.006**	1.005		0.994**	0.993**		-.0008**	-.0007**	**
Fruit-Veg	0.958**	0.984		1.073**	1.042**		0.007**	0.006**	

* $p \leq 0.05$ ** $p \leq 0.01$ (note, statistically significant interactions between immigration status and the predictors are shown in the CB-FB column)

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