

# Waterloo Region Immigration Fact Sheet



Region of Waterloo  
PUBLIC HEALTH



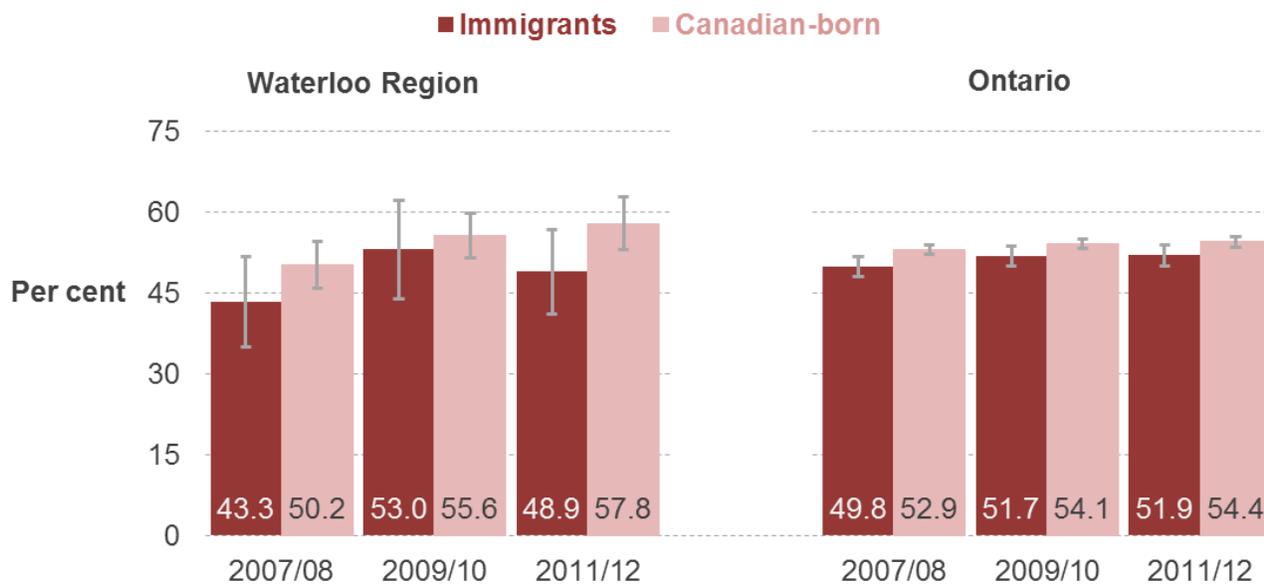
IMMIGRATION  
PARTNERSHIP  
Settle. Work. Belong.

## Health Status of Immigrants

This is one in a series of fact sheets that provide a profile of immigrants in Waterloo Region. Understanding the makeup of our community and the health of individuals in it is important for planning programs and services. Exploring the health of immigrants in particular is important since immigrants make up 22.3% of the population of Waterloo Region. Between 2006 and 2011 15,465 individuals immigrated to this region. This fact sheet looks at indicators related to health status, access to health care and the social determinants of health. Definitions for key terms used throughout the document can be found in the Notes section at the end of this fact sheet.

### Health Status

**Proportion of population aged 12 years and older with one or more chronic diseases or conditions, Waterloo Region and Ontario, 2007/2008, 2009/2010, 2011/2012**



Source: Canadian Community Health Survey (CCHS), 2007/2008, 2009/2010, 2011/2012 Statistics Canada, Share File, Ontario MOHLTC.

- In 2011/12, an estimated 49% of immigrants in Waterloo Region reported one or more chronic diseases or conditions, which was similar to the Canadian-born population in Waterloo Region (58%).
- The prevalence of chronic conditions among immigrants and Canadian-born population was similar for Waterloo Region and Ontario and did not vary significantly over time.

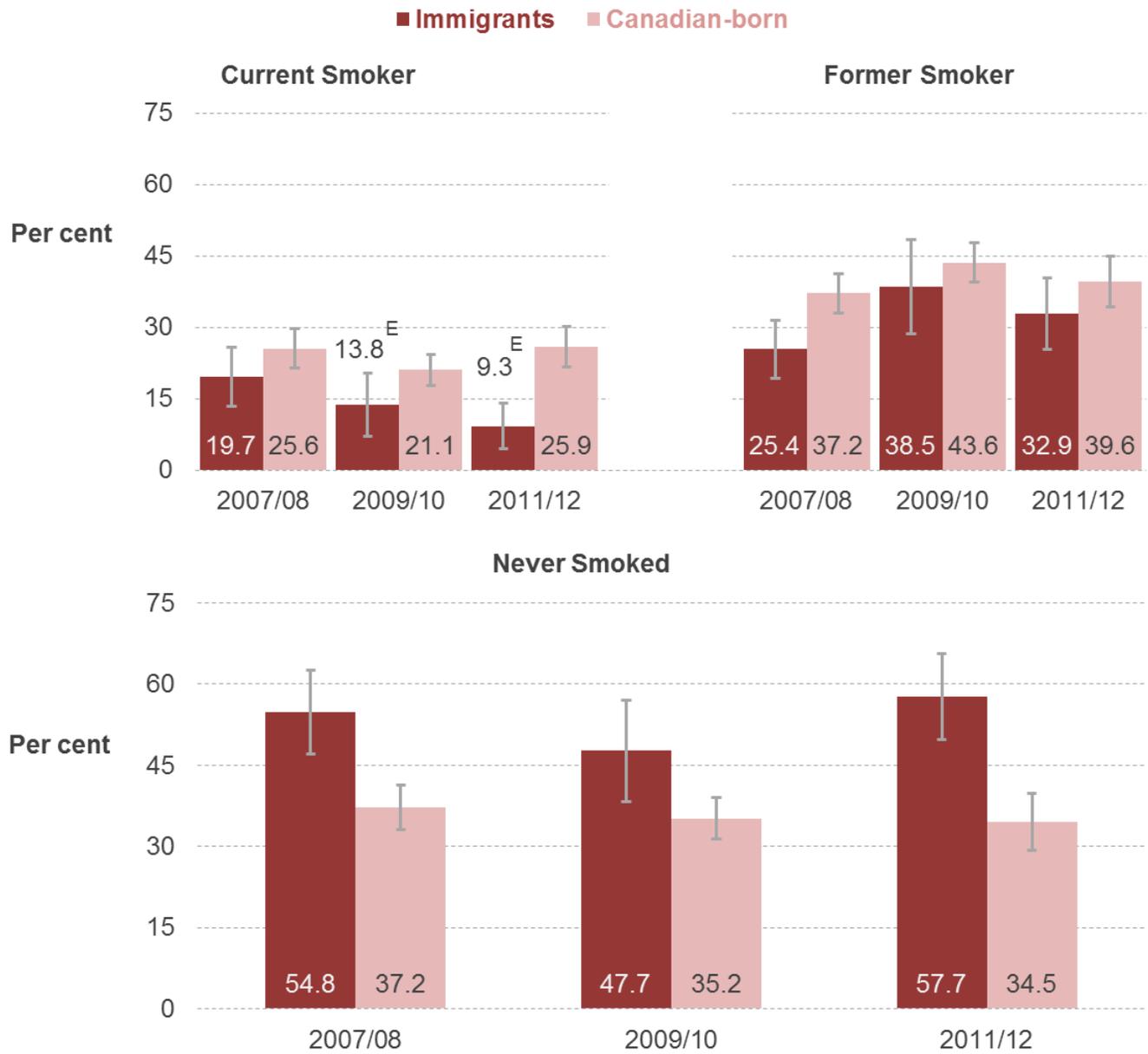
**Proportion of the population aged 18 years and older by body mass index (BMI) category, Waterloo Region and Ontario, 2007/2008, 2009/2010, 2011/2012**



Source: Canadian Community Health Survey (CCHS), 2007/2008, 2009/2010, 2011/2012 Statistics Canada, Share File, Ontario MOHLTC.

- In 2011/12, 57% of the immigrant population in Waterloo Region reported a BMI in the overweight or obese category, which was similar to Canadian-born individuals (53%) in Waterloo Region and immigrants across Ontario (49%).
- The proportion of individuals who were overweight or obese was higher among the Canadian-born population compared to immigrants in Ontario.

**Proportion of adults aged 19 years and older by smoking status, Waterloo Region, 2007/2008, 2009/2010, 2011/2012**



The superscript “E” denotes high sampling variability, and estimates must be interpreted with caution.  
 Source: Canadian Community Health Survey (CCHS), 2007/2008, 2009/2010, 2011/2012 Statistics Canada, Share File, Ontario MOHLTC.

**Proportion of adults aged 19 years and older by smoking status, Ontario, 2007/2008, 2009/2010, 2011/2012**

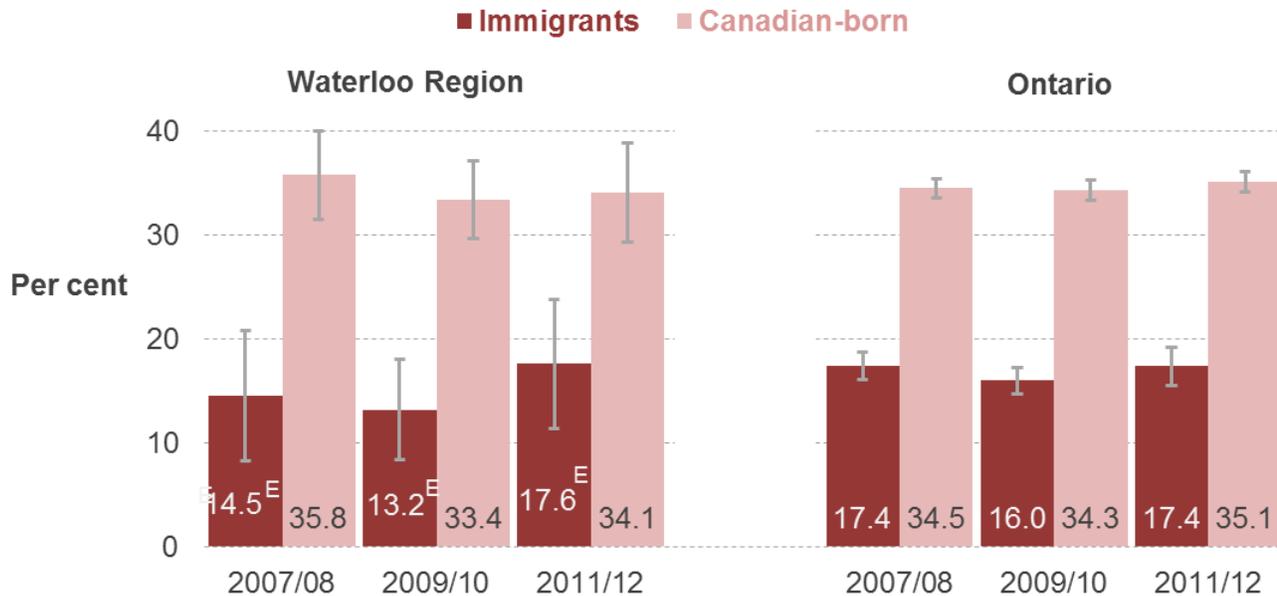


Source: Canadian Community Health Survey (CCHS), 2007/2008, 2009/2010, 2011/2012 Statistics Canada, Share File, Ontario MOHLTC.

The findings below present data from the above two figures.

- In 2011/12, fewer than 10% of immigrants in Waterloo Region reported that they currently smoke. This was significantly less than the proportion of current smokers in the Canadian-born population (26%) in Waterloo Region the same year.
- Smoking status was similar for immigrants in Waterloo Region and Ontario for all categories.

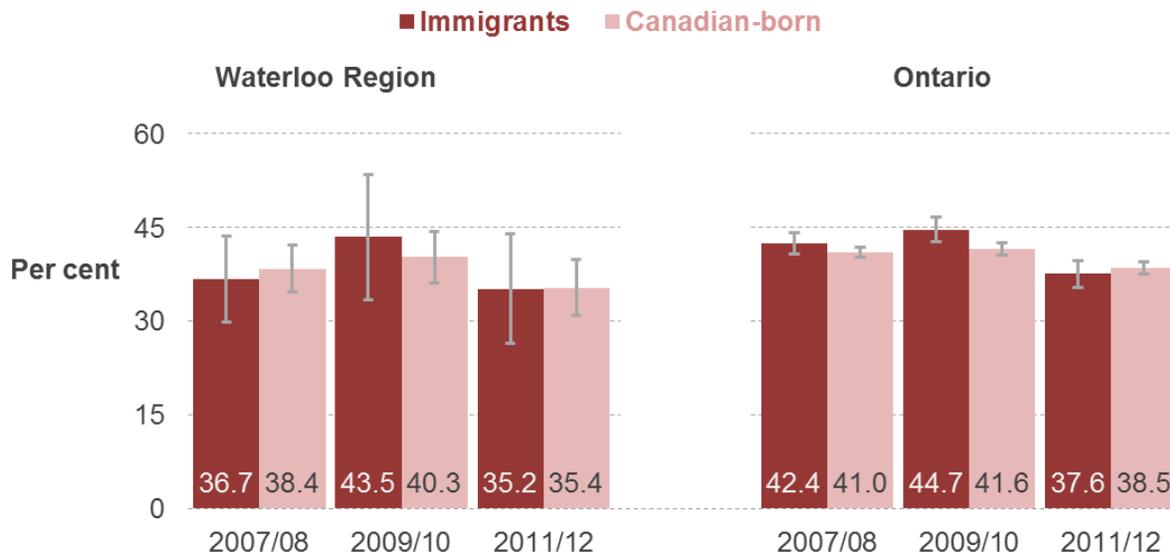
**Proportion of adults aged 19 years and older who reported drinking in excess of the Low-Risk Drinking Guidelines, Waterloo Region and Ontario, 2007/2008, 2009/2010, 2011/2012**



The superscript “E” denotes high sampling variability, and estimates must be interpreted with caution.  
 Source: Canadian Community Health Survey (CCHS), 2007/2008, 2009/2010, 2011/2012 Statistics Canada, Share File, Ontario MOHLTC.

- In 2011/12, fewer immigrants (18%) reported drinking in excess of the Low-Risk Drinking Guidelines compared with Canadian-born (34%) in Waterloo Region. A similar trend was observed for all of Ontario.
- There was no difference in drinking in excess of the Low-Risk Drinking Guidelines for immigrants in Waterloo Region compared with Ontario.
- Drinking in excess of the Low-Risk Drinking Guidelines has not varied significantly over time between 2007/08 and 2011/12 for immigrants and Canadian-born in Waterloo Region or Ontario.

### Proportion of the population aged 12 years and older who consumed vegetables and fruit five or more times daily, Waterloo Region and Ontario, 2007/2008, 2009/2010, 2011/2012

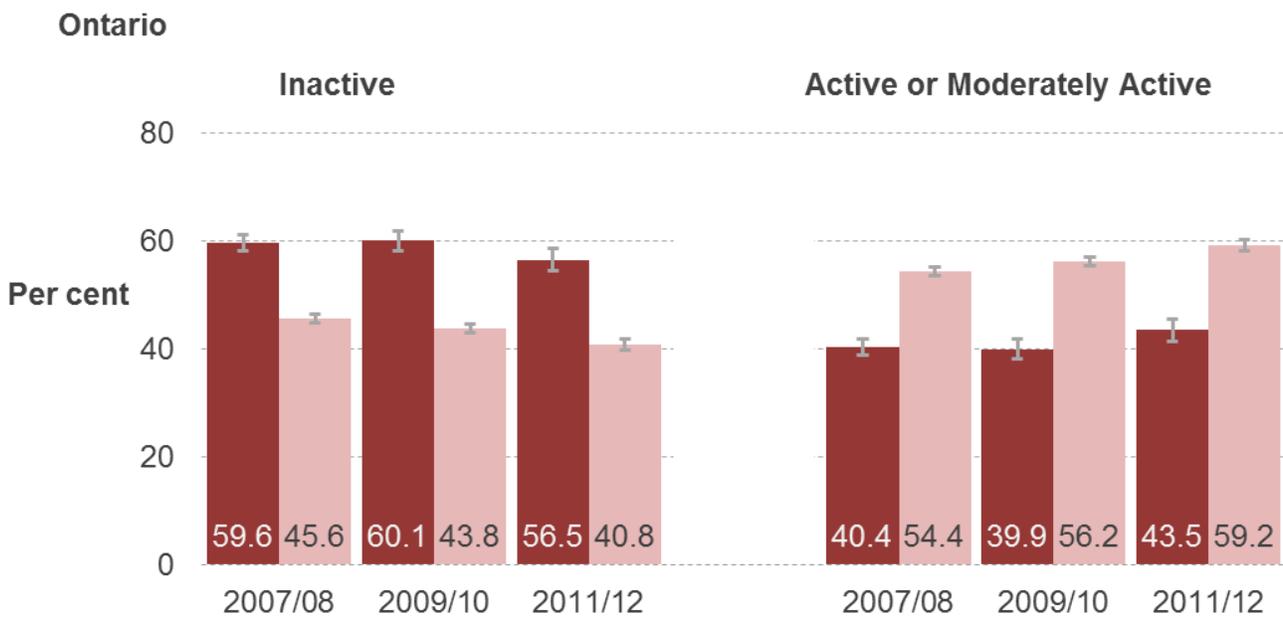
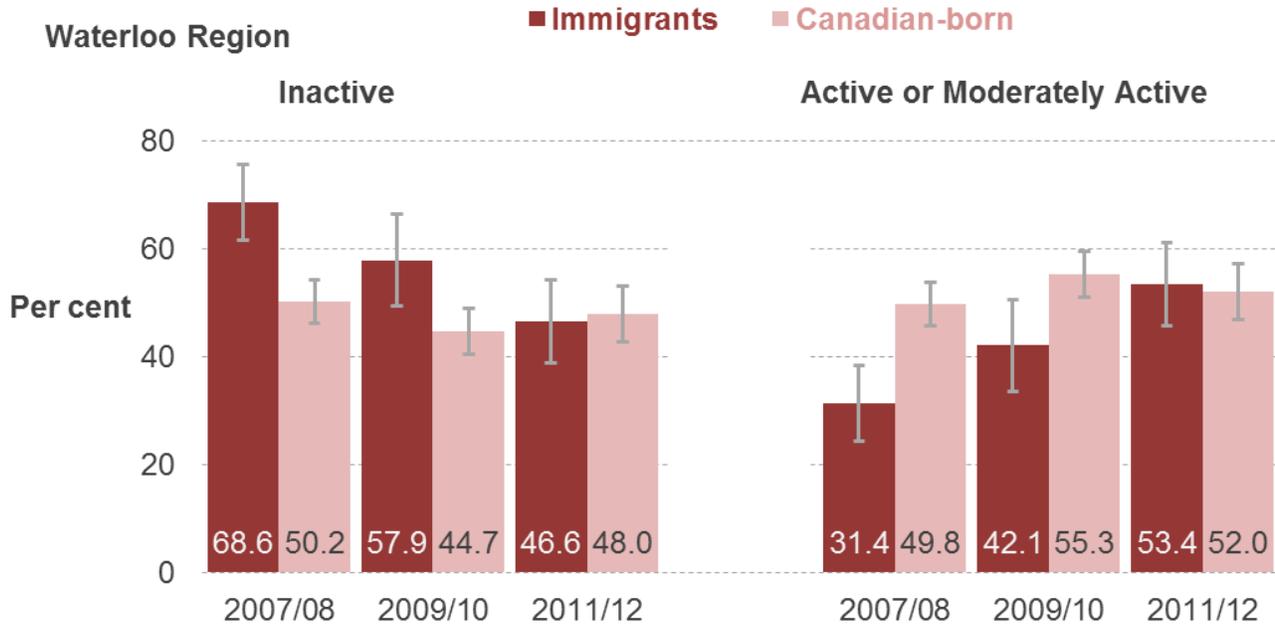


Source: Canadian Community Health Survey (CCHS), 2007/2008, 2009/2010, 2011/2012 Statistics Canada, Share File, Ontario MOHLTC.

- There were no differences in the proportion of immigrants in Waterloo Region and Ontario who reported consumption of five or more servings of vegetables and fruit daily.
- An estimated 35% of immigrants in Waterloo Region reported consuming five or more servings of vegetables and fruit daily in 2011/12, which was similar to the Canadian-born population (35%).

Research on the physical health of immigrants in Canada demonstrates that immigrants tend to be healthier than non-immigrants upon arrival in Canada. However, across every immigration category the longer they live in the country the greater their health declines. Research indicates that certain immigrant categories are more affected than others, such as refugees, and that there may be more significant change in certain chronic conditions and disabilities. The phenomenon of arriving with a health advantage and losing it over time has been called the “healthy immigrant effect”. Immigrants are said to arrive in better health than the average Canadian in part because the immigration process includes rigorous health screening. Recent research has found that factors such as income levels, official language proficiency, circumstances of arrival, original location, unfair treatment or discrimination, health literacy and ability to integrate, among other, contribute to declining health outcomes among immigrants.

**Proportion of the population aged 12 years and older by leisure time physical activity category, Waterloo Region, 2007/2008, 2009/2010, 2011/2012**

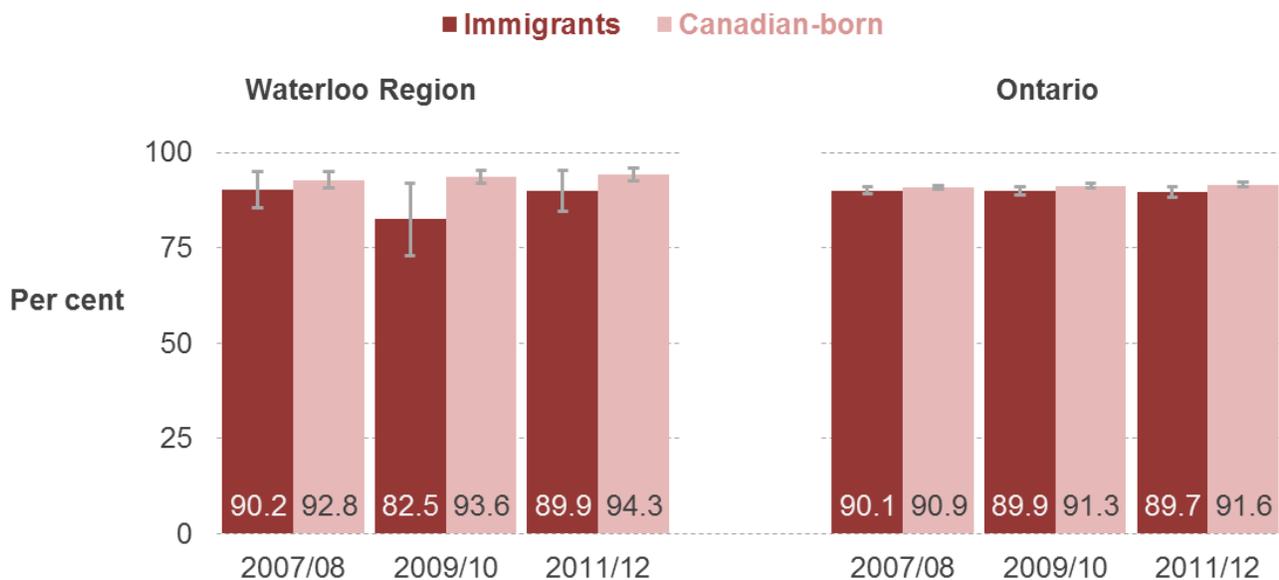


Source: Canadian Community Health Survey (CCHS), 2007/2008, 2009/2010, 2011/2012 Statistics Canada, Share File, Ontario MOHLTC.

- In 2011/12, over half of immigrants in Waterloo Region reported being moderately active or active in their leisure time (53%), which is similar to the proportion among Canadian-born individuals (52%).
- In 2011/12, a greater proportion of Waterloo Region immigrants reported being moderately active or active in their leisure time (53%) compared with immigrants across Ontario (44%).
- Since 2007/08, the proportion of immigrants in Waterloo Region that were active or moderately active has significantly increased from 31% to 53%, while the proportions have remained steady among the Canadian-born population; in 2011/12 the two were roughly equal.

## Access to Health Care

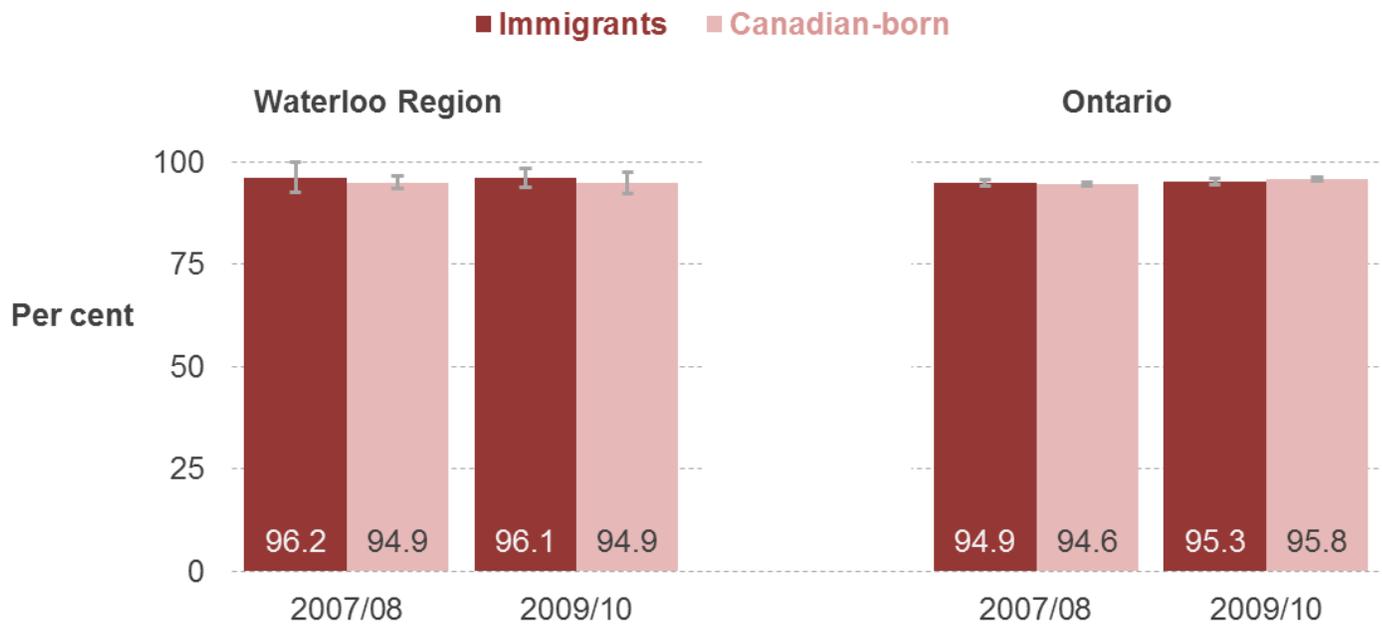
**Proportion of the population aged 12 years and older who have a regular family doctor, Waterloo Region and Ontario, 2007/2008, 2009/2010, 2011/2012**



Source: Canadian Community Health Survey (CCHS), 2007/2008, 2009/2010, 2011/2012 Statistics Canada, Share File, Ontario MOHLTC.

- Approximately 90% of immigrants in Waterloo Region reported having access to a regular family doctor in 2011/12. This means that 10% of immigrants did not have regular access to a family doctor.
- Access to a regular family doctor was similar between immigrants and Canadian-born in Waterloo Region and Ontario for all years reported, and did not vary significantly over time.

**Proportion of the population aged 12 years and older who used the services of a health care professional in the past 12 months, Waterloo Region and Ontario, 2007/2008, 2009/2010**

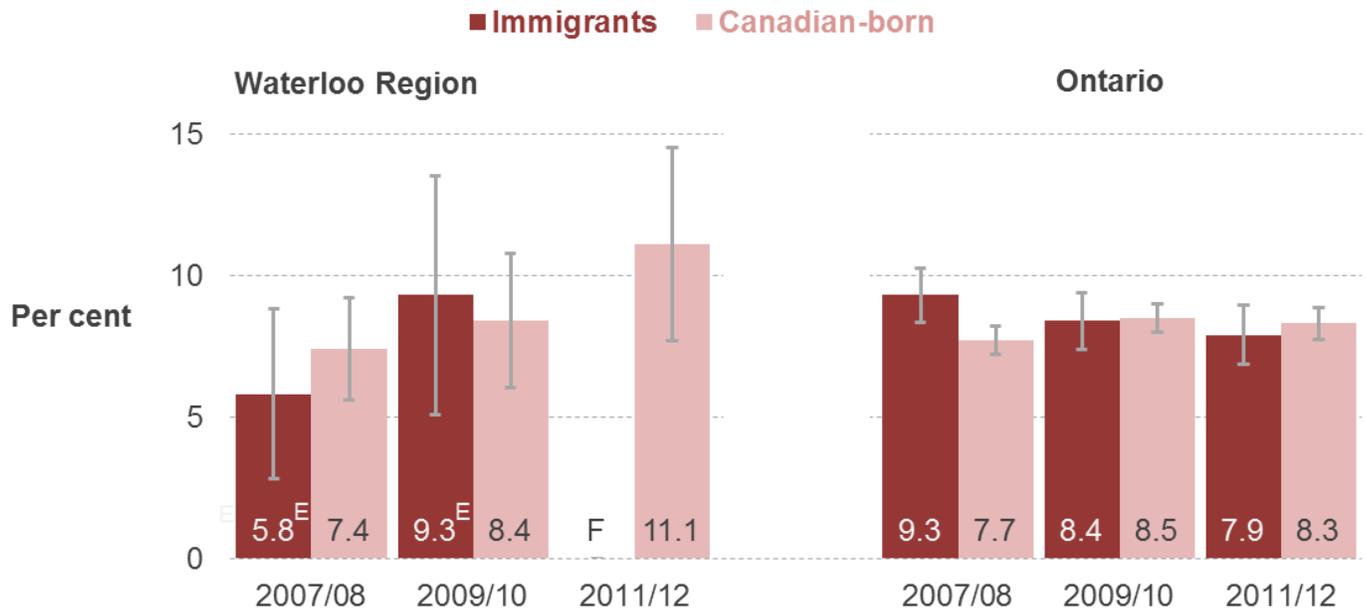


Source: Canadian Community Health Survey (CCHS), 2007/2008, 2009/2010 Statistics Canada, Share File, Ontario MOHLTC.

- In 2009/2010, use of professional health care services in the preceding 12 months was reported by a majority of immigrants (96%) and Canadian-born (95%) in Waterloo Region.
- The proportion of immigrants reporting use of the services of a health care professional in the past 12 months was similar for Waterloo Region and Ontario, and did not vary significantly over time.

## Social Determinants of Health

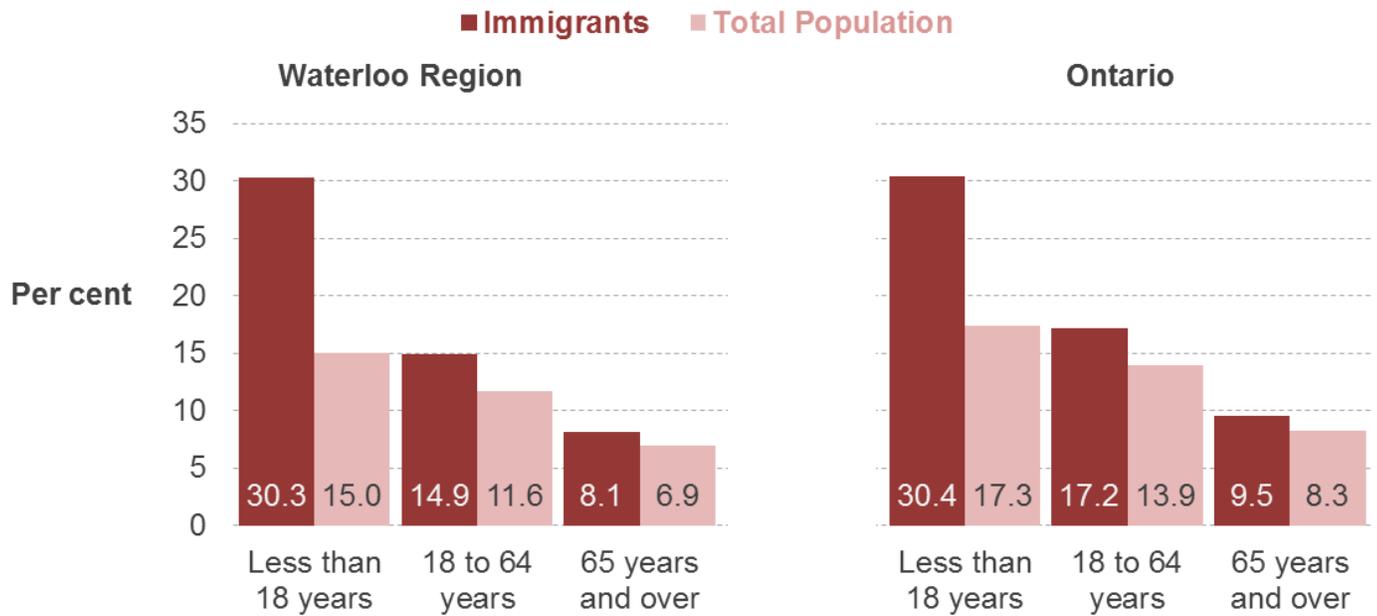
**Proportion of households that were food insecure, Waterloo Region and Ontario, 2007/2008, 2009/2010, 2011/2012**



The superscript “E” denotes high sampling variability, and estimates must be interpreted with caution. The ‘F’ denotes estimates which were suppressed due to unacceptably high sampling variability. Source: Canadian Community Health Survey (CCHS), 2007/2008, 2009/2010, 2011/2012 Statistics Canada, Share File, Ontario MOHLTC.

- In 2007/08 and 2009/10, similar proportions of immigrants and Canadian-born individuals reported a food insecurity issue in both Waterloo Region and Ontario.

**Prevalence of low income in the immigrant and total population based on the after-tax low income measure, by age group, Waterloo Region and Ontario, 2011**



Source: Statistics Canada, National Household Survey, 2011

- The proportion of immigrants living below the low income measure in Waterloo Region (estimated at 15%) was similar to that for Ontario (estimated at 16%) in 2011.
- In Waterloo Region, the proportion of immigrants living below the low income measure was slightly higher than that of the total population (an estimated 15% vs. 12%) in 2011.
- Compared to immigrants over the age of 18 years and the total population, immigrants less than 18 years of age were much more likely to live below the low income measure in 2011. A similar trend existed for Ontario.

**Notes**

1. The CCHS is based on self-reported data collected in telephone and in-person interviews. Self-reported measures are subject to such sources of bias as social desirability and recall bias.
2. The CCHS excludes individuals living on Indian reserve communities, institutions, full-time members of the Canadian Armed Forces, and residents of remote regions of the country.
3. 'CI' refers to the 95 per cent confidence interval of the estimate.
4. Due to the voluntary nature of the 2011 NHS, caution must be used when interpreting the data. Further, due to changes in the survey methodology from 2006 and previous census years, direct comparisons, including the calculation of growth rates, percentage and absolute changes should not be made. Interpretations based on the NHS survey data are presented as estimates.
5. Canadian-born refers to non-immigrants.
6. Selected chronic diseases or conditions include asthma; arthritis or rheumatism (excluding fibromyalgia [aged 14 and older only]); back problems (excluding fibromyalgia/arthritis); high blood pressure; migraines; chronic bronchitis, emphysema, or chronic obstructive pulmonary disorder (COPD [aged 35 and older only]); diabetes; heart disease; cancer; stomach or intestinal ulcers; effects of stroke; urinary incontinence (aged 25 years and older only).
7. BMI is calculated as weight (kg) divided by height (m) squared. Underweight: BMI < 18.5 kg/m<sup>2</sup>; Healthy weight: BMI of 18.5-24.9 kg/m<sup>2</sup>; Overweight: BMI of 25.0-29.9 kg/m<sup>2</sup>; Obese: BMI ≥ 30 kg/m<sup>2</sup>.
8. Low-risk drinking guidelines recommend no more than two drinks a day, 10 per week for women, and three drinks a day, 15 per week for men, with an extra drink allowed on special occasions.
9. Regular family doctors include the services of a family doctor/general practitioner; ophthalmologist/optometrist; surgeon; allergist; orthopaedist; gynaecologist/urologist; psychiatrist; nurse; dentist/orthodontist; chiropractor; physiotherapist; psychologist; social worker; speech/occupational therapist.
10. Food insecurity describes a condition where the availability of food is uncertain, due to income related reasons.
11. The Low Income Measure is a fixed percentage (50%) of median adjusted income, where adjustment for family size reflects the increased need of a family as the number of members in the family increases.

## References

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