

## Determinants of Health Survey: Summary of Initial Findings for Healthforce Ontario Project

### Method

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This survey research project<sup>1</sup> was conducted in partnership with St. Joseph's Health Centre (medical residents Benjamin Kassa and Hashini Bandaranayake with their research on self-reported health status of refugees). The main objectives of this study were to:

- Examine whether the 'healthy immigrant effect' is applicable to refugees
- Understand socio-economic challenges facing clients
- Examine key determinants of health such as employment, housing and discrimination.<sup>2</sup>

The survey was conducted between December 27, 2008 and January 27, 2009 at the main Access Alliance clinic at 340 College St. in Toronto. Clients, ages 18 or greater, visiting the clinic during this period were invited to participate in the study. Therefore, the survey was a convenience sample of Access Alliance's population of active clients.

The questionnaires were translated into six of the languages which are commonly spoken by clients (Spanish, Portuguese, Farsi, Pashto, Sgaw and Arabic). Participation was voluntary and clients were informed that they could skip questions which they did not wish to answer. Interested clients were asked to sign a consent form which outlined the study purpose, potential risks and information about confidentiality. After informed consent was received from the participants, they had the option to either complete the survey independently or with assistance from a staff member or student. The majority of the participants did the survey independently.

A total of 198 clients completed the survey, representing less than 10% of active clinical clients. Although the survey used a convenience sample of clients visiting the clinic during a limited period of time, the sample characteristics were found to be fairly representative of current clinical clients in terms of country of origin, language spoken, age distribution and gender. Therefore, results may be somewhat generalizable to Access Alliance's clinical client population but not to any other population of immigrants or refugees.

The subsequent analysis excluded eight pregnant clients to ensure that the self-reported health status data was not skewed by this group of clients. The analysis was based on approximately 190 clients. Many of these chose to skip certain questions. The relatively small sample size and number of skipped questions made it impractical to contact cross-tabulation analyses based on some questions and client characteristics. Note that the cross-tabulations presented in this report have not been tested for statistical significance.

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<sup>1</sup> Funding for this survey was provided by Interprofessional Care/Education Fund (Health Force Ontario).

<sup>2</sup> The first objective is analyzed and discussed in a separate report prepared by Benjamin Kassa and Hashini Bandaranayake of St. Joseph's Health Centre. Findings discussed in this report focus on the latter two objectives, with a particular focus on clients who arrived in Canada as GARs or PSRs.

## Key Findings: Government Assisted Refugees

### 1. Respondent Characteristics

Eighty-one GAR clients completed the survey, representing approximately 10% of all GAR clients at Access Alliance. Only 3 Privately-Sponsored Refugees completed the survey. For the purpose of analysis PSR responses have been combined with those of GARs.

Of the participating GAR clients:

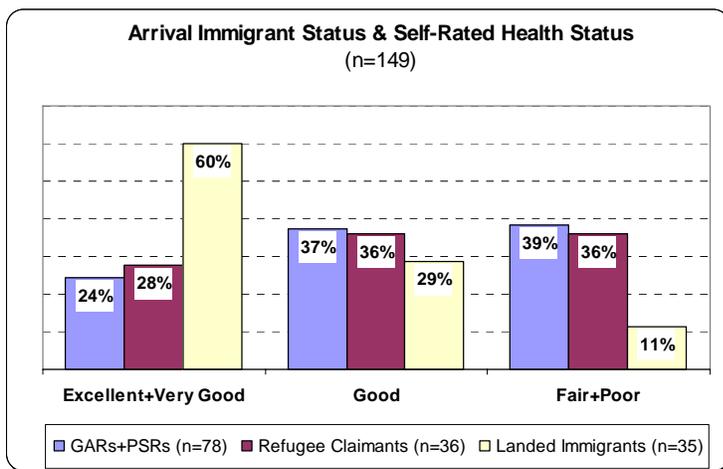
- The average age of respondents was 36.5. The median age was 35.
- Fifty-six percent were female and 43% were male (one selected 'other').
- Thirty percent were born in Afghanistan, 23% were from Burma/Myanmar, 13% were from Colombia, 10% were from Iran, and the rest were born in other countries.
- Thirty-one percent had been in Canada for 12 months or less. 54% had been here for 1-3 years and just 15% more than 3 years.

### 2. Self-Rated Health

Only 24% of GAR/PSR clients reported that their health was Excellent or Very Good. Thirty-eight percent reported that their health was fair or poor.

Self-Rated Health of GAR/PSR clients (n=78)	#	%
Excellent	6	7.7%
Very good	13	16.7%
Good	29	37.2%
Fair	22	28.2%
Poor	8	10.3%

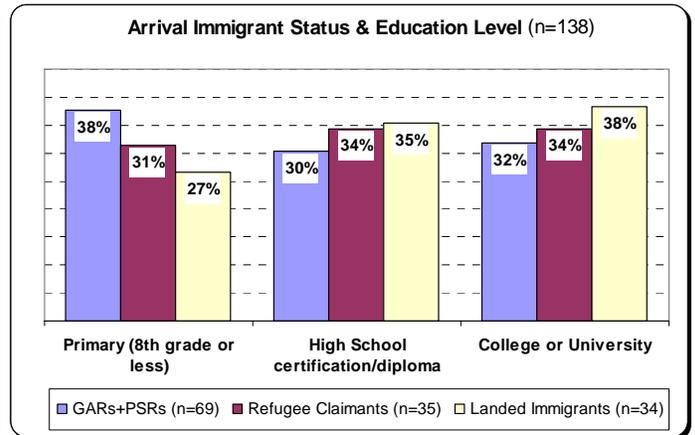
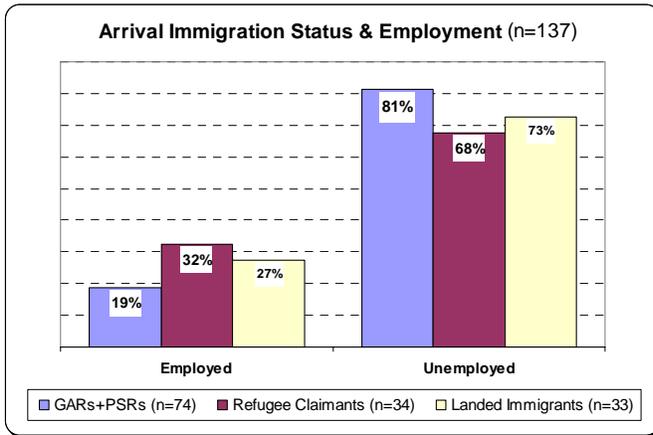
Clients that arrived as GAR/PSR or refugee claimants were more likely to report fair or poor health status than those who arrived as landed immigrants.



### 3. Education and Employment

Only 12 GAR/PSR clients reported that they were employed at the time of the survey. This represents 15% of those that responded to the question and 19% of those who were not permanently unable to work. Of those that were working, 6 (50%) are working less than 30 hours per week and only one had permanent employment.

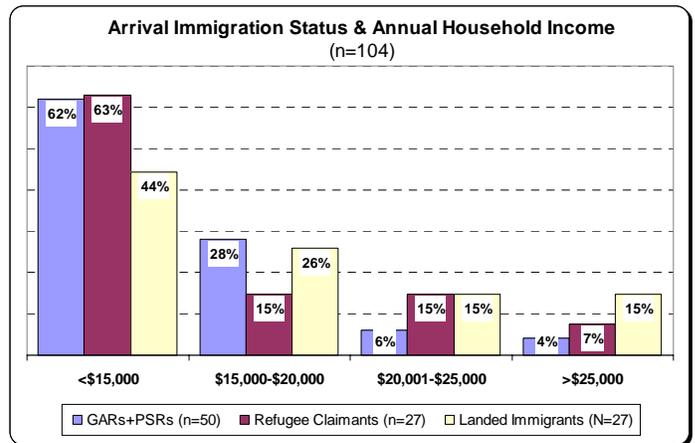
Thirty-eight percent of GAR/PSR clients have not completed high school. Thirty percent have a high school diploma/certificate and 32% have a college or university degree. As shown in the chart below, GAR/PSRs are somewhat less likely to have completed high school compared to clients that arrived as other landed immigrants or refugee claimants.



### 4. Household Income

The majority of GAR/PSR clients reported very low household incomes. Only 10% reported incomes above \$20,000 in the last 12 months. Those arriving as GAR/PSRs were somewhat more likely to report a household income of less than \$20,000, compared to other landed immigrants and compared to those who arrived as refugee claimants.

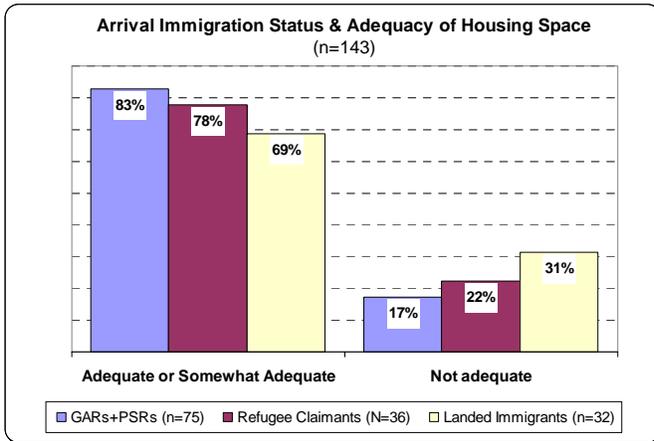
Household Income of GAR/PSR clients in last 12 months (n=50) <sup>3</sup>	#	%
less than \$15,000	31	62.0%
\$15,001-\$20,000	14	28.0%
\$20,001-\$25,000	3	6.0%
>\$25,000	2	4.0%



<sup>3</sup> Excludes 20 respondents that selected 'Don't Know' or 'Refuse to Say'

## 5. Housing

More than half (57%) of GAR/PSR clients reported that their housing space was adequate and one quarter (25%) reported that it was adequate. These clients were slightly more likely to report that their housing space was adequate or somewhat adequate compared to non-GAR/PSR clients.

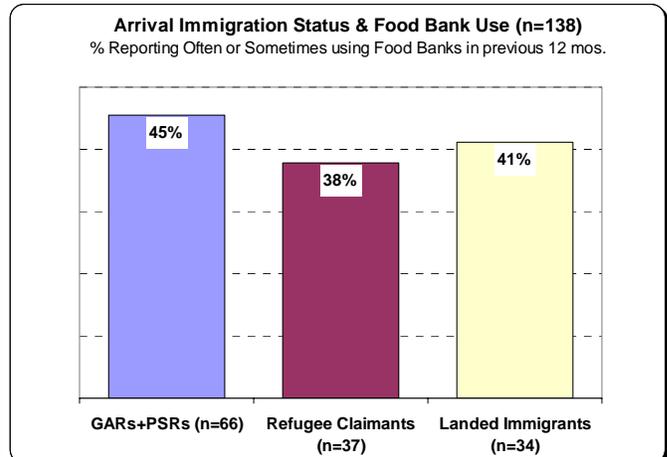
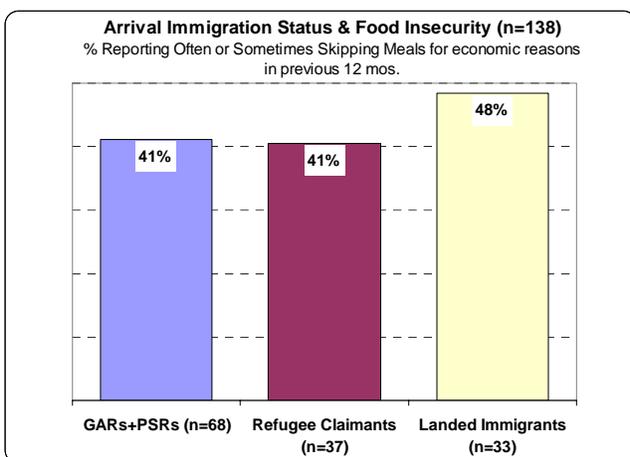


## 6. Food Security

Twenty-one percent of GAR/PSR clients reported that they often skipped meals for economic reasons within the past year, and another 21% indicated that they sometimes did so. Only 5% reported using food banks often; however 41% sometimes used food banks.

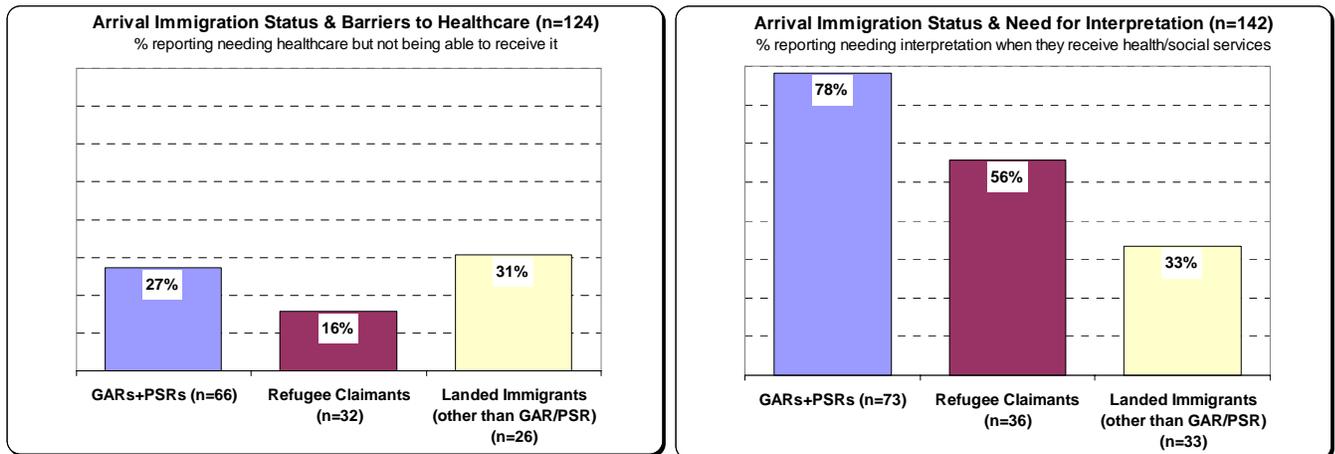
Frequency (GAR/PSR clients)	Skipping Meals for economic reasons in previous 12 months (n=68)	Food Bank Use in Previous 12 months (n=66)
Often (once/week or more)	20.6%	4.5%
Sometimes (once/month or more)	20.6%	40.9%
Rarely (once or twice)	16.2%	16.7%
Never	42.6%	37.9%

The reported frequency of skipping meals and food bank use were relatively similar among clients regardless of their arrival immigration status.



## 7. Access to Healthcare

Relatively few GAR/PSR clients (27%) reported an unmet need in terms of healthcare within the previous 12 months. More than three quarters of these clients (78%) reported that they require interpretation when they access health or other services. GAR/PSR clients were considerably more likely to need an interpreter compared to non-GAR/PSR clients.



## Discussion

This report presents some preliminary findings from the survey of Access Alliance clients. Further analysis will be conducted in the summer and fall of 2009.

Overall, many GAR/PSR clients do not rate their health favourably. Of particular concern is that nearly 40% of GARs/PSRs rate their health as fair or poor (excluding women who are pregnant). This suggests that many GARs/PSRs are presently experiencing one or more health problems that require medical attention. To some extent, this may reflect the fact that the survey was conducted at the clinic and that many of the respondents are visiting the clinic because of existing health issues. At the same time, this finding is reflective of the experience of clinical staff members at Access Alliance, who have noted the relatively high prevalence of major physical and mental health issues among GAR clients.

GAR/PSR clients reported very high rates of unemployment and virtually all reported household incomes that are below the low income cutoffs for large urban areas<sup>4</sup>. Granted, 31% of these clients had been in Canada less than 12 months and are still receiving federal assistance. However, the results suggest that even after 12 months, GAR/PSRs have a great deal of difficulty finding work, and permanent full-time work in particular. A considerable proportion of GAR/PSR clients (38%) have not completed high school and the many have limited ability in English. Taken together, the low level of education, limited English ability, and health concerns present formidable barriers for GAR/PSRs to overcome in order to achieve steady employment and basic economic security.

<sup>4</sup> In 2008 the national low income cut-offs (before tax) for large urban areas were \$22,171 for one person, \$27,601 for two persons, \$33,933 for three persons and \$41,198 for four (Statistics Canada, 2008).



Food security is also an issue for many GAR/PSR clients, with more than 40% reporting skipping meals and using food banks on a regular basis. Access to healthy food and other basic needs is often compromised for newcomers that are living on social assistance or working at low-paying jobs. They are often forced to make trade-offs between food and other necessities.

On a more positive note, only 17% of GAR/PSR clients reported that their housing space was inadequate. Space is only one indicator of housing quality however; questions about other aspects of housing were beyond the scope of the survey.

While only 27% of GAR/PSR clients reported an unmet healthcare need, more than three quarters (78%) indicated that they need interpretation when they access health or social services. It is interesting to note that the high level of need for interpretation has not translated into unmet healthcare needs. However, GAR/PSRs lack of English may be a barrier in terms of accessing other kinds of services.

These preliminary findings highlight several areas of concern with respect to key determinants of GAR/PSR health. GAR/PSR clients appear to experience greater needs in terms of health, employment, and other social factors compared to other clients. Additional analysis is needed to better understand the implications of these survey findings in terms of the kinds of programs and services that Access Alliance (and its partners) provide to GAR/PSR clients.