THE HEALTHY IMMIGRANT EFFECT IN CANADA: A SYSTEMATIC REVIEW

Zoua M. Vang Jennifer Sigouin McGill University

Astrid Flenon Alain Gagnon Université de Montréal

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Healthy Immigrant Effect (HIE)

- Immigrants healthier than non-migrants in sending country and native-born population in receiving country
- HIE observed in USA, Western Europe, Australia, and Canada

Goals of project:

- Examine extent of HIE in immigrant-receiving countries for select health outcomes (meta-analysis)
- Assess HIE across different life-course stages and health outcomes in Canada

Why Are Immigrants Healthier?

- Immigrant health selection
 - Self
 - State
- Acculturation
- Other post-migration (negative) exposures and experiences





The Canadian Context

Self-selection

State selection:

- Point system: high human capital ~ better health
- Medical exam

Prior research shows:

- Foreign-born (adult) health advantage
- Health advantage disappears the longer immigrants are in Canada

Methodology

- Systematic review
- Published studies: 1980-2014 (French and English)

Search engines:

- PubMed
- Medline
- Embase
- Global Health
- SOC Index
- **JSTOR**
- Clinical Key

Study inclusion criteria:

- Quantitative
- Original research articles w/ explicit FB vs CB comparison
- Dependent variables:
 - mortality,
 - self-rated general health
 - mental health
 - chronic conditions
 - functional limitations/disability
 - risk behaviors
 - perinatal health
 - child/adolescent health

Methodology, cont'd

N=75 eligible studies

- Divide studies by:
 - Life-course stage
 - Health outcome

Analysis:

- For each study, assess whether FB had Better, Worse, or Similar health relative to CB
- ► Mixed → FB health (dis)advantage depends on sociodemographic & other characteristics
- FB-CB comparisons based on adjusted point/parameter estimates (some unadjusted estimates)

Key Findings

- The healthy immigrant effect is not a universal phenomenon in Canada.
- Immigrants' health advantage varies across the life-course, and within each stage of the life-course, by different health outcomes.
- The healthy immigrant effect appears to be strongest during adulthood but less so during childhood/adolescence and late life.
- A foreign-born health advantage is robust for mortality but less so for morbidity, with immigrants in Canada exhibiting a survival advantage over their Canadian-born counterparts.

Detailed findings across the life-course

- Perinatal period (N=21)
 - Birth outcomes \rightarrow Worse/Same
 - ▶ PTB → **B**etter/**S**ame
 - PTB advantage disappears after 10 years
 - FB mothers \rightarrow Worse maternal and mental health

Childhood/adolescence (N=7)

- Mental health, weight gain/obesity \rightarrow contradictory
- \blacktriangleright Risk behaviors \rightarrow **B**etter (alcohol, delinquency only)

Detailed findings across the life-course

Late life (N=6):

- Chronic conditions \rightarrow **S**ame
- Mental health \rightarrow **S**ame
- Self-rated health \rightarrow Worse/Same
- Disability/functional limitations \rightarrow Worse



		COMPARISON OF FOREIGN-BORN VS NATIVE-BORN ADULTS (18-64) ¹					
Health Outcome	No. studies ²	Worse	Better	Similar	Mixed		
Chronic conditions (at least one) ³	9		$\sqrt{\sqrt{\sqrt{\sqrt{u}}}}$	√√ ^u	√ ^(b/s) √ ^(b/s)		
Arthritis	2	√u		\checkmark			
Asthma	3		√√√ ^u				
Cancer	3		$\checkmark\checkmark\checkmark$				
Cardiovascular/hypertension	3		√√ ^u	\checkmark			
Diabetes	3	√√u		\checkmark			
Overweight/obesity	4		\checkmark	\checkmark	√(b/w) √(w/s)		
Disability⁴/Functional limitations⁵	10	√ ^u	$\checkmark\checkmark$	$\sqrt{\sqrt{y^u}}$	$\checkmark^{(b/s)}\checkmark^{(b/s)}\checkmark^{(b/s)}\checkmark^{(w/b)}$		
Mental health ⁶	10	~	$\sqrt{\sqrt{\sqrt{u^u}}}$	\checkmark	$\checkmark^{(b/s)}\checkmark^{(b/s)}\checkmark^{(b/s)}$		
Risk behaviors ⁷	4		\checkmark		$\checkmark(b/s)\checkmark(b/s)\checkmark(b/s)$		
Self-rated health ³	16	√√ ^u √ ^u	\checkmark	$\begin{array}{c} \checkmark \checkmark \checkmark \\ \checkmark \checkmark \checkmark \end{array}$	$\sqrt{(b/s)} \sqrt{(w/b/s)} \sqrt{(w/s)}$ $\sqrt{(w/s)} \sqrt{(w/b)} \sqrt{(w/b)}$		

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COMPARISON OF FOREIGN-BORN VS NATIVE-BORN PERSONS

Health Outcome	No. studies	Worse	Better	Similar	Mixed
Mortality, all-cause	9		$\begin{array}{c} \checkmark \checkmark \checkmark \checkmark \checkmark \\ \checkmark \checkmark \checkmark \checkmark \checkmark \end{array}$		
Cause-specific mortality:					
Accidents, poisoning, violence	3		$\checkmark\checkmark\checkmark$		
AIDS	1				✓ (w/s)
Cancer	2		$\checkmark\checkmark$		
Cardiovascular diseases	2		$\checkmark\checkmark$		
Diabetes	2		$\checkmark\checkmark$		
Infectious and parasitic					
diseases	1				√(w/s)
Respiratory diseases	2		$\checkmark\checkmark$		
					✓ ^(w/b) ✓ ^(w/b)
Suicide	4		\checkmark		√(w/s)
Other ¹	1		\checkmark		

Future Research Recommendations

- Premigration experiences
- Longitudinal analysis
- More research on early & late stages of life
- Further research on health selection effects

Policy Recommendations

One-size-fits-all approach would be ineffective

- Policies and interventions need to target specific life-course stages and health outcomes for which immigrants are vulnerable
 - Eg: immigrant mothers

