

Prairie Centre of Excellence for Research on Immigration and Integration

Annual Planning Meeting, February 11-12, 2005: An Overview of the Health Domain

Submitted by: Linda Ogilvie, Domain Leader

Description

Research in the Health Domain focuses on migration and integration challenges related to the physical and mental health of individuals, families, and communities in mid-sized cities in the prairies. Research on determinants of immigrant/refugee health and on equity in health outcomes, with emphasis on policy and practice relevance, are of particular interest. Researchers in this domain also participate in comparative studies at the national and international levels.

The Health Domain is an active area within the prairie centre, with researchers from all six prairie universities identifying membership within the domain. Many of them, however, identify more strongly with a second domain. This means that some projects funded under other domains could just as easily be funded under the Health Domain. Most health domain projects involve data collection, a process that can take considerable time, encounter recruitment issues, and requires ethical clearance from health ethics review boards that tend to have stringent requirements.

Funding

No projects within the Health Domain were funded in 2002. One project related to determinants of health was funded in 2003 and one project related to live-in caregivers was funded in 2004. Seed money of \$1000 was provided by PCERII in 2004 to develop a community-initiated project that was subsequently funded through another source. A national longitudinal survey of child health initially funded in 1999 continues with funding from other sources. Details are provided below.

New Projects (funded in 2004)

Live-in Caregivers in Rural and Small City Alberta

Researcher: Denise Spitzer, University of Alberta

Abstract: Since its inception in 1992, thousands of women and men have come to Canada under the auspices of the Live-in Caregiver Program (LCP). Designed to meet the demand for in-home child, disabled and elder care, the LCP allows foreign-born live-in caregivers to apply for permanent residency status in Canada following 24 months of service working and living with their employers. Most research on live-in caregivers has been conducted in Toronto or Vancouver; however, a recent investigation into the experiences of live-in caregivers in Alberta illuminated some of the challenges faced by workers residing in rural areas and smaller cities in the province. These included: greater geographical and social isolation; extended working hours; and demands to perform outdoor work prohibited by their contracts. By conducting individual interviews and focus groups in four regions of Alberta, this project will highlight live-in caregivers' experiences by examining the relationship between living and working conditions and health, health services utilization, and sources of, and satisfaction with, social support. Furthermore, immigrant serving agencies and other non-governmental agencies that may provide formal or informal support to live-in caregivers will be surveyed. Policy influencers and program planners will be invited to participate in a focus group to review findings and formulate recommendations in preparation for a final report. **Progress:** Data collection in Grande Prairie and Fort McMurray are complete. Data collection in Red Deer and likely in Lloydminster is scheduled for February.

A Review of Early Childhood Development (ECD) Assessment Tools for Cultural Appropriateness

Research Team:

Co-P.I.'s: Darcy Fleming, Community-University Partnership for the Study of Children, Youth and Families (CUP); Linda Ogilvie (University of Alberta)

ASSIST Community Services Centre: Vivian Lam

Edmonton Mennonite Centre: Wendy Martin, Karin Linschoten

Multicultural Community Health Brokers Co-operative: Yvonne Chiu; Lucenia Ortiz

University of Alberta: Elizabeth Burgess (PhD student); Catherine Caufield; Anna Kirova

Abstract: Seed money of \$1000 was received from PCERII for preliminary research to generate data in the area of culturally appropriate assessments of children from different cultures based on current literature and experiences of ECD service providers working with immigrant and refugee children in Edmonton. This information was to be used to develop a comprehensive research proposal for a detailed study of the cultural appropriateness of specific ECD tools. Funding was granted to conduct a literature search, do a focus group with staff involved in ECD programs for immigrant children, and develop a preliminary analysis to guide development of a larger proposal. **Progress:** The objectives of the PCERII funding have been exceeded as a further \$19,000 was received from the Canadian Research Institute for Law and the Family to extend the scope of the original project. Michelle Craig from ABC Head Start Society was added to the research team and a decision to engage in an action research approach was made. The project was renamed (Examining Culturally Appropriate Assessment Practices by Early Childhood Development Programs) and was reconceptualized as: i) to identify and describe some of the complex issues faced by ECD program staff, families, evaluators, and funders when conducting, interpreting, and making decisions based on formal assessments of children from diverse ethnocultural backgrounds; and, ii) to design and initiate a process of identifying, implementing, and evaluating strategies to address such issues. The first purpose is funded and is considered to be Phase One of the study. To date, four focus group interviews are complete and transcribed, with data analysis in progress. Five interviews with parents of children participating in ECD programs are planned. Additional funding will be sought to address the second purpose of the research.

Ongoing Projects

Health, Social Status and Income: An Empirical Investigation of Immigrants in Canada

(funded in 2003)

Research Team: John Anchan (University of Winnipeg) & Shiva Halli (University of Manitoba)

This study uses existing data from Statistics Canada (1994-1995 and 1998-1999) and National Health Surveys. Logistical regression will be employed on a sample of approximately 20,000 households to identify determinants of population health and the effect of health on social status and income. Comparative analysis will be performed between immigrants and Canadian-born residents. **Progress:** Data analysis is nearing completion. A paper (Structural and Behavioural Determinants of Immigrant and Non-Immigrant Health: Results from the Canadian Community Health Survey [CCHS]) was presented at the National Metropolis Conference in Montreal on March 27, 2004 and a manuscript has been submitted to the Journal of International Migration and Integration.

New Canadian Children and Youth Study (NCCYS) – Prairies (& National) (funded by PCERII in 1999; other sources of funding: for Prairies – Canadian Heritage, Alberta Heritage

Foundation for Medical Research, Health Canada, Citizenship and Immigration Canada, Alberta Learning; nationally – Canadian Institutes for Health Research)

Prairie Research Team (current as new researchers have joined over time):

Edmonton – University of Alberta: Catherine Caufield, Chuck Humphrey, Linda Ogilvie, Frank Trovato, Joe Wu

Calgary – University of Calgary: Nancy Arthur, David Este, Jim Frideres, Nina Hrycak

Winnipeg – University of Winnipeg: John Anchan; University of Manitoba: Esther Blum, Shiva Halli, Lori Wilkinson

National Principal Investigators: Morley Beiser (Toronto); Jacqueline Oxman-Martinez (Montreal); Bob Armstrong (Vancouver); Linda Ogilvie (Prairies)

The NCCYS is a longitudinal survey of immigrant and refugee children currently being conducted in six Canadian cities. **Progress:** Wave One data collection is nearing completion. Fifty percent of the National Coordination for the NCCYS moved from Toronto to Edmonton in January 2003. In January 2004 national data management moved to Edmonton and is progressing under the leadership of Chuck Humphrey. The work needed to merge data is nearing completion. With funding from Citizenship and Immigration Canada, Statistics Canada will be weighting the data for us. This is a necessary quality control strategy prior to data analysis as we have collected data from a non-probability sample. Wave Two data collection should commence in 2005. Currently, Waves One and Two are funded. Over \$ 4 million in funding has been received nationally from a variety of granting agencies; most recently (announced January 28, 2005) an average of \$690,000 per year over two years was granted by CIHR. Many methodological issues have emerged during the implementation of this research, thus increasing our expertise in immigrant research and in the conduct of multi-site, interdisciplinary research. To date there have been two publications in refereed journals, six non-refereed documents produced, and 22 presentations at conferences or to university and community groups.

Other Initiatives

Health Domain (or equivalent) Leaders from the five Metropolis Centres in Canada collaborated in the submission of a Letter of Intent (LOI) to CIHR for development of a *Canadian Immigrant Health Research Team*. The LOI was submitted on January 7, 2005.

Jim Frideres and Linda Ogilvie participated in two workshops related to doing research on discrimination and health at the International Metropolis Conference in Vienna in 2003. A paper related to the workshop will be published in the *Journal of International Migration and Integration* in 2005.

Policy Implications

Without access to findings or direct input from the investigators, I am reluctant to suggest policy implications of specific projects. My focus at this time, therefore, is on the project reviewing ECD assessment tools. What has become obvious, both from the literature and from the focus group data, is that assessment tools currently mandated by funders for evaluation of ECD programs are not capturing the successes of the initiatives relating to immigrant children and families. These assessment tools are not useful in assessing the efficacy of programs thought by front-line workers and program administrators to meet the ECD needs in immigrant child populations. Policy implications include recognition that assessing child outcomes and focusing on the child, as in most ECD programs, are not likely to be effective in meeting ECD goals for immigrant children if family survival needs are not being met. Supporting parents may be the most important strategy for addressing ECD needs. Either ECD program funding criteria need to be expanded or new program funding has to be made available if programs that address the needs of young children in immigrant families are to be supported. It is clear that translation of existing tools or altering them for cultural appropriateness will not address the underlying issue.

Vision for the Health Domain

Priorities for the future of the Health Domain at this time include:

- supporting individual researchers and research partners who seek funding (or seed money) for innovative and high quality research related to immigrant health;
- responding to requests from community agencies, health domain affiliates, health domain leaders at other metropolis centres, and leaders of other domains to partner in community/academic collaboration and cross-site, cross-domain, and/or interdisciplinary research initiatives that will develop knowledge to meet immigrant health and immigrant health policy needs;
- connecting PCERII health domain researchers to other metropolis researchers and community agencies when opportunities occur; and,
- completing current projects and disseminating results in a timely manner

Emerging Possibilities

With the NCCYS and the project on ECD assessment, there is an emerging area of focus on research related to immigrant children and families with highly competent research staff employed in the projects. There is the potential for concentrated research in this area in the prairies and there may be opportunities to acquire infrastructure support through existing funding agencies. The Alberta Heritage Foundation for Medical Research recently received an additional \$500 million from the Alberta government and there may be increasing possibilities for funding health-related social science research.

There is a proposal being considered to develop a Newcomers' Clinic in Edmonton. One already exists in Calgary. There may be good research potential related to such initiatives.